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*Food Act 2003
Sections 87, 88 & 89*

FOOD BUSINESS

Application for **Registration/Renewal** of a Mobile Food Business (food vans & temporary food stalls)

Please tick the appropriate box:

- I am applying for State Wide registration
 I am applying for a 'one-off' event specific food registration (*please provide additional details below*)

Additional Details for 'one-off' food registration

Name of Event

Date(s) of Event

Time of Event to

Mobile Food Business Proprietor's Details

Name of applicant

Date of Birth (*if a sole trader*)

ABN or ACN (*if a Company*)

Address (*physical address where the mobile food business is kept/garaged when not in use*)

Postcode

Telephone

Mobile

Email

Details of skills and knowledge (*food safety qualifications, training or experience*) of the proprietor and food handlers (*please attach details if insufficient space*).

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Specific Business Details

Trading Name of Business

Vehicle Registration Number (*food vans, caravans, trailers, etc*)

Contact person

Telephone

Mobile

Email

Emergency Contact

Telephone

Type of Mobile Structure (*eg food van, caravan, trailer, tent, open stall, etc*)

.....

Types of food *(please list or attach copy of menu)*

Food Preparation and Storage

Please detail where food sold through your mobile food business will be stored and prepared. Provide the property address of any premises where food is stored and prepared.

Does your business prepare raw egg products such as dressings and sauces (for example, aioli, mayonnaise, tartare, hollandaise or béarnaise sauce), or desserts (for example, tiramisu) and drinks (for example, egg nog)? *(please circle)* **Yes / No**

Details of any proposed or operational quality assurance program, food safety plan or other approved food safety management system *(Please attach details if insufficient space).*

Mobile Food Business Layout

Please attach an A4 plan or photographs that clearly depict the layout of your mobile food business as part of this application.

I,
(please print name)

- Understand and agree that information about this application and the businesses on-going operations will be shared with relevant Council's and the Department of Health and Human Services to assess this application and the businesses compliance with the Food Act 2003.

Signature of Applicant:

Date:

Application Fee:

Please lodge your completed form and application fee with the General Manager of the Council

OFFICE USE ONLY				
Receipt No				Date
Approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				Officer