



Mobile Food Business

Application for Registration/Renewal of a Mobile Food Business

PART 1: TYPE OF APPLICATION

(tick one box only)

- I am applying for Annual State Wide Registration; or
- I am applying for a 'one off' or event specific Registration (*single or multi-day event*)
Date(s) of event for one off registration:/...../..... to/...../.....; or
- I am applying for registration for months (must be less than 12 months)

[Note: Council may choose to approve registration for a period different to the duration specified above]

PART 2: APPLICANT & MOBILE FOOD BUSINESS DETAILS

Title	Given Name/s	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name		
<input type="text"/>		
ABN / ACN	Date of Birth (for non-ABN/ACN holders)	
<input type="text"/>	<input type="text"/>	
Business Address (must be located within the boundaries of this Council for registration to be valid)		
<input type="text"/>		
Postal Address (if different from business address)		
<input type="text"/>		
Business Phone Number	Mobile Number	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		
On-site Contact (if different from applicant)	Phone number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address (on-site contact)		
<input type="text"/>		

PART 3: MOBILE FOOD BUSINESS DESCRIPTION

Trading Name and / or Stall/Van Name	
<input type="text"/>	
Type of Mobile Structure (van, tent, marquee, caravan, etc.)	Vehicle Registration No. (if applicable)
<input type="text"/>	<input type="text"/>

PART 4: MOBILE FOOD BUSINESS LAYOUT

Please attach an A4 plan or photographs clearly depicting the layout of your mobile food business as part of this application. Refer to the *Guidelines for Mobile Food Businesses* for more information.

Site Plan:

PART 5: TYPES OF FOOD TO BE SOLD

List the types of food to be sold

[Empty box for listing types of food to be sold]

PART 6: FOOD SAFETY SKILLS AND KNOWLEDGE

List food safety qualifications, training or experience of applicant/owner – attach details if insufficient space.

[Empty box for listing food safety qualifications, training or experience]

PART 7: FOOD PREPARATION & STORAGE

If any food sold from the mobile food business is to be prepared and/or stored at another location, please provide details, including the address of any premises where food is to be stored or prepared. Attach details if insufficient space:

[Empty box for providing details on food preparation and storage locations]

PART 8: Raw Eggs

Do you make raw egg based foods (e.g. **mayonnaise or aioli**) ????

(specify).....

Name and address of egg supplier.....

or

Do you use commercially available mayonnaise or aioli ?

(specify).....

.....

Comments:

.....

.....

PART 9: FOOD SAFETY QUESTIONNAIRE

It is now a requirement of the *Food Act 2003* that the proprietor of all food businesses demonstrate a satisfactory knowledge and skills of food safety. The satisfactory completion of the food safety questionnaire will satisfy the knowledge and skills requirement.

What causes salmonella food poisoning?

.....
.....
.....

What methods or measures do you use to avoid salmonella food poisoning from your food premises?

-
-
-
-
-
-

What is cross contamination?

.....
.....
.....

How does it happen?

.....
.....
.....

How do you prevent it?

-
-
-
-

What is time and temperature abuse?

.....
.....

What are the dangers of time and temperature abuse?

.....
.....

How do I control the temperatures of food?

.....
.....
.....
.....
.....

Do you have a thermometer to check the temperature of fridges and cool rooms? Yes.... No.....(tick)

Do you use a bain-marie? Yes.... No.....(tick) Do you have a thermometer to check the temperature of food in the bain-marie? Yes.... No.....(tick)

If yes how often?

Do you keep a written record of these temperatures? Yes.... No.....(tick)

Do you check the temperature of your fridges / cool room? Yes.... No.....(tick)

How often? Daily..... Weekly.....Monthly.....Annually (tick)

Do you keep a written record of these temperatures? Yes.... No.....(tick)

PART 10: APPLICANT DECLARATION

I declare that the information provided on this form is accurate, complete and correct.
I understand and agree that information about this application and the businesses' on-going operations will be shared with councils and the Department of Health and Human Services to assess this application and the businesses' compliance with the *Food Act 2003*.
I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

Fee:

Receipt No.:

Annual Registration / Renewal : \$140 or \$70 after the 31st January 2019.

Specific Event : \$40

Non-Profit Organisations: Free

Please come into Council Chambers or contact Council on 6261 8500 to arrange payment.

Privacy Statement Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of the Derwent Valley Council in order to advance the purposes of this form and to carry out Council business. The Personal Information Protection Act 2004 and Council's Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. Should you not provide the information sought, Council will not be able to process this form.

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