



If you need help lodging your form, contact us		Office use only		
Email	council@northernbeaches.nsw.gov.au	Form ID	2046	
Phone	1300 434 434	TRIM Ref		
Customer Service Centres	Manly Townhall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	Feb 2020
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit	Environmental Compliance
			Application No.	
			Receipt No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

About this form
You may use this form to apply for Temporary Food Premises approval in Northern Beaches Council. This form is for individual stall holders to complete. Note: Approval of a food stall is subject to compliance with Council's requirements for temporary food stalls, which can be found on northernbeaches.nsw.gov.au How to complete this form 1. Ensure that all fields have been filled out correctly. 2. Complete the Temporary Food S68 Checklist and attach to this form. 3. Application must be submitted at least 28 days prior to the first event at which you intend to operate. Urgency fees apply to applications received within 10 days of the event. 4. Pay the associated fee.

Part 1: Type of Application

<input checked="" type="checkbox"/> Urgency Fee: \$110 Inclusive with	
<input checked="" type="checkbox"/> Either One-off Event Approval Fee: \$95	<input checked="" type="checkbox"/> Or Multi Year New Approval Fee/Renewal Approval Fee: \$205
Provide current or past Council Food Licence number, if renewing. FP:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part 2: Applicant Details

Business Name			
Trading Name			
ABN/ACN			
Postal Address			
Legal Address			
Phone			
Mobile		Fax	
Email			
Contact Person			

Part 3: Van Details (if applicable)

Type of Vehicle			
Vehicle registration number			
How will food and equipment be brought to site?			
<input checked="" type="checkbox"/> Car	<input checked="" type="checkbox"/> Van		
<input checked="" type="checkbox"/> Refrigerated Van	<input checked="" type="checkbox"/> Other (please describe)		
What is the approximate travel time to the site?			
How will food temperature be maintained?			

Part 4: Food Stall Details

Do you hold a current approval for a food stall with another Sydney Metropolitan Council?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are potentially hazardous foods sold/prepared? (Further information about what constitutes potentially hazardous food can be obtained from Council's Environment Health Team).	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Description of what foods/drinks will be sold		
Name of main event/s you will trade at, if known		

Part 5: Details of off-site storage/Food Preparation Premises

The location(s) of any off-site food preparation areas, and/or food storage including partial preparation such as chopping and cutting of ingredients, must be listed below.

Each preparation and storage area must meet food hygiene requirements set out in the Food Standards Code.

Evidence of the business registration with a council or NSW Food Authority must be submitted with this application. If you are preparing potentially hazardous food then you must also have had a recent inspection by a Council or appropriately qualified person (EHO) or organisation. Attach a copy of your certification documentation to this application.

Location of Premises			
Unit Number		Street Number	
Street			
Suburb		Postcode	

Part 6: Food Safety Supervisor (if required)

Food Safety Supervisor Name			
Certificate Identification Number		Expiry Date	

Part 7: Application Declaration

I have read, understood and will fully comply with the health conditions.

I declare that the information provided on this form is accurate, complete and correct.

I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name	
Applicant Signature	
Date	