Please print clearly in BLOCK LETTERS with a black pen. Ensure all fields have been filled out correctly. Please tick ☑ the appropriate boxes. Once your application is received a Council Officer will contact you if further information is required.

You may use this form to submit with Application for Approval when applying for a Temporary Food Premises Approval to operate within the Bega Valley Shire. 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 the Bega Valley Shire website, www.begavalley.nsw.gov.au.

1 Owner / proprietor	detai	ils		
Owner/proprietor name Fu	ıll name			
Company name				
Registered address ⊠ Stree	et or PO			
Daytime contact details	Phone		Fax	
	Mobile		Site contact*	
Contact name (if different from	above)		CONTROL	
Email address				
2 Event details				
Event/s attended	Name/s			
V	/enue/s			
		☐ Caravan ☐ weekly ☐ Stall ☐ monthly	Date/s (from/to)	
Food sold from:		one-off Vehicle fortnightly Trailer	Stall name	
3 Food sold				
Please list all food types to be sold If necessary, write overleaf or attach a separate sheet.				
OFFICE USE ONLY		Descript No.	Allocation No.	
bega valley shire council		Receipt No. Receipt date	Allocation No.	
		CS staff	Application fee	
		Action Workflow: P&F Rusiness Premis		

4	Details of off-	site food prep	paration area(s)
Pleas	se read carefully		The location(s) of any off-site preparation areas including partial preparation such as chopping and cutting of ingredients is to be listed and must meet Council health requirements. If the location(s) are not in the Bega Valley Shire area, evidence of registration with the applicable Council must be provided.
	tion of food aration area(s)	Street address	
	If additional off site preparation areas are used, please attach details on a separate sheet.	Is this location Ye in the Bega No Valley Shire?	Please obtain evidence of registration Yes (please list below) No Your application cannot be approved without this evidence. Please obtain evidence of registration before submitting this form.
		List evidence if applicable	
5	Equipment de	etails	Please list equipment to be used at the stall(s)
	Food heating	g / cooling devices	
	Location of cooking / h	neating equipment	
	Refrigeration / storage uni	ts / ice bricks / ice	
		Floor covering	
	Counter food protection	n / sneeze guards	
		washing facilities ovide warm water)	
	Overhead protection ov	er all cooking and preparation areas	
	Any add	ditional equipment	
	Owner(s)/pro	prietors decl	aration
Gove			on provided in this application is accurate and correct. I understand that under the ls contained on this application, including my name and address, will become
	ature of owner(s) / rietor(s)		Date / /