



# APPLICATION FORM TO OPERATE A TEMPORARY FOOD OUTLET

DISCLAIMER: The information provided by you on this form will be used by the City of Parramatta Council or its agents to process this application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access.

NOTE: All fees and charges are reviewed annually under Council's management plan and can be viewed at [www.parracity.nsw.gov.au](http://www.parracity.nsw.gov.au).

## PART 1: EVENT DETAILS

NAME OF EVENT:	
DATE OF EVENT:	
LOCATION OF EVENT:	

## PART 2: ORGANISER ADDRESS & CONTACT DETAILS

ORGANISER / COMPANY:	
CONTACT NAME:	
OFFICE ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	

## PART 3: FOOD OUTLET DETAILS

OUTLET HOLDER DETAILS	FOOD TYPES SOLD (TICK ALL BOXES THAT APPLY)	YES
Name of Outlet	Bakery products	<input type="checkbox"/>
	Confectionery or snack food	<input type="checkbox"/>
Number of Outlets:	Cooked chilled or frozen meals	<input type="checkbox"/>
Outlet Holders ABN:	Dairy products	<input type="checkbox"/>
	Fermented meat products	<input type="checkbox"/>
Proprietor / Company Name:	Grocery / pre-packaged foods	<input type="checkbox"/>
	Infant or baby foods	<input type="checkbox"/>
Trading Name of Business:	Nut & seed kernel products	<input type="checkbox"/>
	Prepared ready-to-eat table meals	<input type="checkbox"/>
Address of Business:	Prepared salads	<input type="checkbox"/>
	Processed cereal products	<input type="checkbox"/>
	Processed fruit & vegetables	<input type="checkbox"/>
Contact Name:	Processed meat, poultry or seafood	<input type="checkbox"/>
	Raw fruit and vegetables	<input type="checkbox"/>
Mailing Address:	Raw meat, poultry or seafood	<input type="checkbox"/>
	Raw ready-to-eat seafood or shellfish	<input type="checkbox"/>
	Self service ready-to-eat food	<input type="checkbox"/>
Phone Business Hours:	Phone After Hours:	Alcoholic / soft drinks / juices / beverages
		<input type="checkbox"/>
		Water, non-reticulated supply
		<input type="checkbox"/>
Facsimile:	Email:	Other please specify below:
		<input type="checkbox"/>

## PART 4: EQUIPMENT LIST

EQUIPMENT / SURFACES:	LIST OF EQUIPMENT BEING USED
FOOD WARMING DEVICES:	
REFRIGERATION:	
FLOOR SURFACE:	
BENCH SURFACE:	
FOOD PROTECTION:	
HAND WASHING:	
OVERHEAD PROTECTION:	
SAFETY EQUIPMENT:	
WASTE FACILITIES:	
OTHER, PLEASE SPECIFY:	

## PART 5: REQUIREMENTS

REQUIREMENTS:		YES	NO
STAFF TRAINING:	Have staff received food handler training?	<input type="checkbox"/>	<input type="checkbox"/>
FOOD SAFETY SUPERVISOR:	Outlets preparing ready to eat, potentially hazards food are required to appoint a Food Safety Supervisor who holds a current Food Safety Supervisor Certificate. A copy of the FSS Certificate is attached (where applicable).	<input type="checkbox"/>	<input type="checkbox"/>
THERMOMETER:	Do you have a probe thermometer for measuring temperature of perishable foods?	<input type="checkbox"/>	<input type="checkbox"/>

## PART 6: DECLARATION

I DECLARE THAT ALL INFORMATION SUPPLIED ON THIS FORM IS TRUE AND CORRECT AND THERE ARE NECESSARY RECORDS AND/OR DOCUMENTATION TO SUPPORT THIS APPLICATION FORM:

PRINT NAME:			
SIGNATURE:		DATE:	

## LODGEMENT DETAILS

YOU CAN LODGE THE COMPLETED APPLICATION BY:

**MAIL:** CITY OF PARRAMATTA, PO BOX 32, PARRAMATTA NSW 2150  
**IN PERSON:** 126 CHURCH STREET, PARRAMATTA  
 MONDAY-FRIDAY, 8.30AM – 5.00PM  
**EMAIL:** COUNCIL@PARRACITY.NSW.GOV.AU

### OFFICE USE ONLY

FILE NUMBER

DATE

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