

Permit Application for a Temporary Food Premises (2009/2010)

Applicant Name: _____
 Organisation: _____
 Postal Address: _____
 Town _____ P/code _____
 Phone BH: _____ Phone AH: _____
 Ph mobile: _____ Fax: _____
 Email: _____

Instructions:

1. Please ensure you have read the attached guidelines
2. Complete all fields of this permit application for a temporary food premises
3. Enclose copy of your current Food Act Registration (if applicable)
4. Enclose copy of your Food Safety Program (business details & types of activities conducted); and
5. Pay the required fee as indicated

Please tick which festivals/markets you will be attending (from 01 July 2009 to 30th June 2010)

<input type="checkbox"/> Bright Rotary market – Melb Cup weekend <input type="checkbox"/> Bright Rotary market Street Rods <input type="checkbox"/> Bright Rotary market – Twilight <input type="checkbox"/> Myrtleford Bush market <input type="checkbox"/> Audax Alpine Classic market <input type="checkbox"/> Harrietville Historical Soc – Bush market <input type="checkbox"/> Bright Rotary market – Australia Day <input type="checkbox"/> Myrtleford Flea market <input type="checkbox"/> Mount Beauty Monthly markets	<input type="checkbox"/> Myrtleford La Fiera Festival <input type="checkbox"/> Myrtleford Festival <input type="checkbox"/> Bright Rotary market – Easter Sat <input type="checkbox"/> Mount Beauty Music Muster <input type="checkbox"/> Bright Rotary market –Autumn Festival <input type="checkbox"/> Wandiligong Nut Festival <input type="checkbox"/> Myrtleford Produce market <input type="checkbox"/> Bright Monthly markets <input type="checkbox"/> Other _____
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Is the premises where the food is manufactured/prepared/packed registered as a Food Premises under the Food Act 1984?

- Yes** If yes, please attach a copy of your current Registration Certificate
- No** If no, address of premises _____

Do you have a Food Safety Program in place?

- Yes** If yes, please attach the relevant pages (ie. Business details and activities).
- No** If no, complete the Community Events Template. Please note: If the event is run by a charitable / community group (not for profit) you are permitted to use the Department of Human Services, Food Safety Program – Template for Community Food Events. This publication is available at the internet address:- http://www.health.vic.gov.au/foodsafety/downloads/events_template.pdf or contact our office to obtain a copy. If you use the Template for Community Food Events you are required to submit pages 2 and 3 for each event.

The "personal information" supplied on this form is collected under the requirements of the Food Act. This information may be disclosed to other areas of the Council for the purposes of issuing a permit, and communicating with you in relation to your application. It may also be provided to the Department of Human Services for the same purposes and for statistical purposes related to the application of the Act.

Please specify the full range of foods offered at market: (or alternatively, supply a menu): _____

Please indicate which of the following you sell directly or will be used as ingredients:

- | | | |
|---|---|---|
| <input type="checkbox"/> Milk/Milk Products | <input type="checkbox"/> Poultry | <input type="checkbox"/> Salads/Rice Dishes |
| <input type="checkbox"/> Egg Products | <input type="checkbox"/> Fish/fish Products | <input type="checkbox"/> Meat (raw) |
| <input type="checkbox"/> Ice-Cream | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Meat (cooked) |

Type of operation:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Trestle Table | <input type="checkbox"/> Mobile food Van | <input type="checkbox"/> Tent/marquee |
| <input type="checkbox"/> Function/Event | <input type="checkbox"/> Other _____ | |

Please indicate the type of facilities to be provided on site:

- | | | |
|--|--|--|
| <input type="checkbox"/> Refrigerators | <input type="checkbox"/> Freezers | <input type="checkbox"/> Deep Fryer(s) |
| <input type="checkbox"/> Oven(s) | <input type="checkbox"/> Grill | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Sink(s) | <input type="checkbox"/> Wash Hand Basin | <input type="checkbox"/> Barbeque |

Other Facilities (please specify):

Please indicate power sources & fire fighting equipment:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> LPG | <input type="checkbox"/> Electrical Generator | <input type="checkbox"/> Fire Blanket |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Other (please specify) _____ | |

CONDITIONS:

1. Your annual permit will be from 01 July 2009 and expire 30 June 2010. If you are attending more than one event within this period an annual fee will apply. There are no pro-rata fees.
2. All questions must be answered and appropriate documentation attached (7) seven days prior to the event before a permit will be issued.
3. Any temporary food premises that has 'tastings' or unpackaged foods must provide hand washing facilities on site, for the exclusive use of the food handlers.

I, _____ have read all the enclosed information regarding the sale of food at a temporary food premises and I agree to abide with all the requirements. I understand that on the day of the function Environmental Health Officers may be present and they reserve the right to stop the sale of food items on the spot if I am not adhering to these requirements.

Signed: _____ **Dated:** _____

FEES (please circle) - note fee not applicable if business registered as a food premises with Alpine Shire:

SALE OF POTENTIALLY HAZARDOUS (HIGH RISK) FOODS \$42 PER EVENT \$136 ANNUAL
OR
SALE OF LOW RISK FOODS AND/OR PACKAGED FOODS \$26 PER EVENT \$68 ANNUAL

Payment details: Cheque Credit Card (fill in details below)

Type _____ Card No: _____

Expiry Date _____ Amount _____ Name _____

Office use: Fee : _____ **Date Paid:** _____ **Receipt Number:** _____

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