Administration Centre 86 Avoca Road, Wakeley Telephone: (02) 9725-0222 Mail: PO Box 21 Fairfield NSW 1860

Email: mail@fairfieldcity.nsw.gov.au www.fairfieldcity.nsw.gov.au

TEMPORARY FOOD EVENT NOTIFICATION FORM



About this form

Event organisers and temporary, short-term food businesses shall use this form.

Most food business including those involved in temporary events in NSW are required to notify their food activity details to Council prior to the commencement of trade.

It is the responsibility of each food business to notify, however, in the case of most events where food is sold, it may be more convenient for an organiser and stall holders to notify details at the one time through the event organiser.

How to notify Council: Complete this form and return to Fairfield City Council, Community Health Section via:

e-mail : mail@fairfieldcity.nsw.gov.au orpost : PO Box 21, Fairfield NSW 1860

1. Main Event Details						
Name of Event:						
Event Start Date:	/	/	Time:	Event Finish Dat	e: /	/
Short Description	of the Ever	ıt:				
2. Event Lo	ocation.					
	cation					
Address:						
Street No.		Street N	lame:			
Suburb:						
3. Event Organiser Details						
Company or Organ	nisation / G	roup:				
Non for profit :	□ Yes	□No				
Contact Name:						
Address:						
Contact Details:	Phone:			Mobile:		
Postal Address:						
E-mail Address:						
☐ In submitting this notification form, I acknowledge that the Temporary Food Stall Checklist has also been completed and is attached to this form.						

4. Stall Holder attach additi		r each food stall at thi	s event; if more	e than 8 stalls pl	ease copy	y and
Food Safety Superviso	or Name:			FSS Certificate N	lo.:	
Stall Name:						
Stall No.		Stall Holder ABN:		Non for profit :	☐ Yes	□ No
Company Name/Propr	ietor:					
Contact Name:						
Address:						
Postal Address:						
Contact Details: Pho	ne:		Mobile:			
E-mail Address:						
Stall						
Food Safety Superviso	or Name:			FSS Certificate N	lo.:	
Stall Name:		T				
Stall No.		Stall Holder ABN:		Non for profit :	☐ Yes	□ No
Company Name/Propr	ietor:					
Contact Name:						
Address:						
Postal Address:			T			
Contact Details: Pho	one:		Mobile:			
E-mail Address:						
Stall						
Food Safety Superviso	or Name:			FSS Certificate N	lo.:	
Stall Name:						
Stall No.		Stall Holder ABN:		Non for profit :	☐ Yes	□ No
Company Name/Propr	ietor:			-		
Contact Name:						
Address:						
Postal Address:						
Contact Details: Pho	ne:		Mobile:			
E-mail Address:						
Stall						
Food Safety Supervisor Name:				FSS Certificate No.:		
Stall Name:		T		1		
Stall No.		Stall Holder ABN:		Non for profit :	☐ Yes	□ No
Company Name/Proprietor:						
Contact Name:						
Address:						
Postal Address:			1			
Contact Details: Pho	one:		Mobile:			
E-mail Address:						

Stall					
Food Safety Supervisor Name:		FSS Certificate No.:			
Stall Name:					
Stall No.	Stall Holder ABN:		Non for profit :	☐ Yes	□ No
Company Name/Proprietor:					
Contact Name:					
Address:					
Postal Address:					
Contact Details: Phone:		Mobile:			
E-mail Address:					
O. II					
Stall					
Food Safety Supervisor Name:			FSS Certificate N	0.:	
Stall Name:	T		T		
Stall No.	Stall Holder ABN:		Non for profit :	☐ Yes	□ No
Company Name/Proprietor:					
Contact Name:					
Address:					
Postal Address:					
Contact Details: Phone:		Mobile:			
E-mail Address:					
Stall					
			FSS Certificate N	0.:	
Stall Food Safety Supervisor Name: Stall Name:			FSS Certificate N	0.:	
Food Safety Supervisor Name:	Stall Holder ABN:		T	o.:	□No
Food Safety Supervisor Name: Stall Name:	Stall Holder ABN:		FSS Certificate N		□No
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Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor:	Stall Holder ABN:		T		□No
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Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address:	Stall Holder ABN:	Mobile:	T		□No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address:	Stall Holder ABN:	Mobile:	T		□ No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address:	Stall Holder ABN:	Mobile:	T		□ No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone:	Stall Holder ABN:	Mobile:	T		□ No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address:	Stall Holder ABN:	Mobile:	T	☐ Yes	□ No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall	Stall Holder ABN:	Mobile:	Non for profit :	☐ Yes	□ No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall Food Safety Supervisor Name:	Stall Holder ABN: Stall Holder ABN:	Mobile:	Non for profit :	☐ Yes	□ No
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor:		Mobile:	Non for profit : FSS Certificate N	□ Yes	
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall Food Safety Supervisor Name: Stall Name: Stall No.		Mobile:	Non for profit : FSS Certificate N	□ Yes	
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor:		Mobile:	Non for profit : FSS Certificate N	□ Yes	
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name:		Mobile:	Non for profit : FSS Certificate N	□ Yes	
Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address: Postal Address: Contact Details: Phone: E-mail Address: Stall Food Safety Supervisor Name: Stall Name: Stall No. Company Name/Proprietor: Contact Name: Address:		Mobile:	Non for profit : FSS Certificate N	□ Yes	

Food Safety Supervisor

Certain hospitality and retail food business in NSW are required to have at least one trained and appointed Food Safety Supervisor (FSS). Businesses must also keep a copy of their Food Safety Supervisor certificate on the premises at all times to show Councils Environmental Health Officers.

Temporary, short-term food businesses should refer to www.foodauthority.nsw.gov.au/rp/fss-food-safety-supervisors for further details.

Reminder fee

Council's Environmental Health Officers may carry out inspections of temporary food stalls during operation of an event. An inspection fee may be charged in accordance with Council's Pricing Policy, Fees and Charges.

More information

For more information, please contact Council's Customer Service Team on telephone 9725-0222.

Fairfield City Council Use Only				
Company / Business Search Date: / /	Debtor No.:			
Event DA No. (if applicable) :	NAR No. :			
Record No.:				
Entered by :				
(name / date)				