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Commercial Operator – Food Event Notification Form

ABOUT THIS FORM

- Please complete for all food stall holders and mobile food vendors
- All mobile food vendors require a current satisfactory food premises assessment report
- For Food Safety Supervisor requirement see:
[http://www.foodauthority.nsw.gov.au/ Documents/fss/fss_guidelines.pdf](http://www.foodauthority.nsw.gov.au/Documents/fss/fss_guidelines.pdf)

PART A

APPLICANT DETAILS

Licencee business name:

Contact name:

Contact phone:

Email address:

Business address:

PART B

EVENT DETAILS

Event date:

Event location:

Event description:

Date of application:

Date of approval:

Name of Food Business				
Contact name				
Contact mobile number				
Contact email address				
Business address				
ABN				
Food Safety Supervisor	Name: Certificate Number: Expiry date:	Name: Certificate Number: Expiry date:	Name: Certificate Number: Expiry date:	Name: Certificate Number: Expiry date:
Food is: (select all applicable)	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Un-packaged <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepared offsite	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Un-packaged <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepared offsite	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Un-packaged <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepared offsite	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Un-packaged <input type="checkbox"/> Prepared onsite <input type="checkbox"/> Prepared offsite
Mobile food vehicle inspection date				
Issuing Council				
Office Use Only				
PSC Food Business Inspection Register Number:			PSC Licence ID Number:	