

Mobile Food Notification - Privately Owned Land

In accordance with the Food Act 2003 and State Environmental Planning Policy (Exempt and Complying Development Codes) 2008

116 Adelaide Street, Raymond Terrace NSW 2324

PO Box 42 Raymond Terrace NSW 2324

- **p** (02) 4988 0255 | **f** (02) 4988 0130
- e Compliance@portstephens.nsw.gov.au

ABN 16 744 377 876

ABOUT THIS FORM

Port Stephens Council is collecting your business details in accordance with the Food Act 2003. This form is to be used for mobile food and drink outlets operating on privately owned and managed land. For mobile food or drink outlets seeking to operate on Council owned and managed land, please contact Councils Commercial Operators Team on 02 4988 0255.

Note: Development consent may be required prior to undertaking any activities and submitting this form. Contact Council's Duty Planner on 4988 0255 to determine if development consent is required.

PART A	BUSINESS DETA	AILS							
Business name				Vehicle regis	stration				
Garaged address									
				ABN					
Postal Address			<u> </u>						
Suburb			State		Postcode				
Contact Person									
Phone			Email						
Food Safety Super	visor (if applicable)								
Certificate number				Certificate expiry					
Have you been g	ranted a Food Busine	ess License with ar	nother Counc	il?	□ Yes □ No				
If 'Yes' please attach Council of issue				Date of issue					
Please list the types of food you will have available for sale:									
Address of private	ely owned land in whi	ch the mobile food	l or drink outl	et intends to c	pperate:				
			ı						
Suburb			State		Postcode				
Consent obtained	from the landowner?			□ Yes □ No					

PART B	3	APPLICANT D	ETAILS					
Name								
Phone				Email				
Address								
Suburb				State		Postcode		
PART D		DECLARATIO	ON AND SIGNATU	JRE OF AF	PLICANT			
I have read, understood and will fully comply with all conditions relating to the Food Act 2003 and State Environmental Planning Policy (Exempt and Complying Development Codes) 2008. I declare that all the information provided on this form is accurate, complete and correct at the time of application.								
Name						Date /	/	
Signature								
PART E		SUBMIT						
Please ret	urn yo	ur completed appli	cation to:					
In person or by post	:	116 Adelaide St Raymond Terrad	reet / PO Box 42 ce NSW 2324	Emai	l: Complia	nce@portstephen	s.nsw.gov.au	
OFFICE	USE	ONLY						
Received		/ /	File Numbe	r				
Category			Inspection Frequency	/		No. FTE staff		

PRIVACY

Port Stephens Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and Council policy.

Purpose: The purpose of this form is to obtain your business details in accordance with the Food Act 2003 in order to register your food business with Council.

Intended recipients: Council staff and third parties as appropriate.

Supply: Involuntary.

Consequence of Non Provision: The business will not be registered with Council for the purposes of the Food Act 2003. **Storage and security:** This document will be placed on the relevant file and/or saved in Council's records management system in accordance with Council policy and relevant legislation.

Access: Please contact Council on 02 4988 0255 to enquire how you can access information.

RESOURCES

NSW Food Authority Mobile Food Vendors
NSW Food Authority Mobile Food Vending Guidelines