

This form is to be used to apply for a Declared Event Food Business Registration under the *Food Act 2001*. You can access the Food Act and related legislation at <http://www.legislation.act.gov.au>.

If your business currently holds a food business registration with the Health Protection Service, you are not required to complete this form.

For more information visit <http://www.health.act.gov.au/public-information/businesses/food-safety-regulation/food-sold-declared-events> or contact the Health Protection Service on 02 6205 1700.

All sections of the form must be completed.

PLEASE SUBMIT APPLICATION TO THE HEALTH PROTECTION SERVICE AT LEAST 14 DAYS PRIOR TO THE DECLARED EVENT.

DECLARED EVENT FOOD BUSINESS REGISTRATION

CONTACT PERSON

The contact person is the person who will have overall responsibility for the food stall, including responsibility for any contraventions of the Food Act and the Food Standards Code.

FIRST NAME		LAST NAME	
PHONE		EMAIL	

POSTAL ADDRESS

PROOF OF IDENTIFICATION

The contact person must provide one form of current photographic identification that has been sighted and certified by an authorised witness. Certified ID must be a clear copy. A list of authorised witnesses can be found at:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>.

Acceptable forms of photographic identification are a current driver's licence, a proof of age or identity card issued by a State/Territory, or a passport. **The witness should include the following text on a certified copy:**

(EXAMPLE) CERTIFIED TRUE COPY OF THE ORIGINAL

I certify that this is a true and accurate copy of the original document sighted by me.

Full Name: _____ Signed: _____ Dated: _____ Authority to sign: _____ Phone: _____

STALL NAME

FOODS INVOLVED IN THE STALL (All Groups) *Tick all that apply*

- | | |
|---|--|
| <input type="checkbox"/> Bread, pastries or cakes | <input type="checkbox"/> Meat pies, sausage rolls or hot dogs |
| <input type="checkbox"/> Confectionary | <input type="checkbox"/> Prepared ready-to-eat table meals |
| <input type="checkbox"/> Cooked rice or pasta | <input type="checkbox"/> Prepared Salads |
| <input type="checkbox"/> Dairy products | <input type="checkbox"/> Processed fruit and vegetables |
| <input type="checkbox"/> Egg or egg products | <input type="checkbox"/> Processed meat, poultry or seafood |
| <input type="checkbox"/> Fermented meat products | <input type="checkbox"/> Raw fruit and vegetables |
| <input type="checkbox"/> Frozen meals | <input type="checkbox"/> Raw meat, poultry or seafood |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Sandwiches or rolls |
| <input type="checkbox"/> Infant or baby foods | <input type="checkbox"/> Soft drink/juices |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Vegetarian dishes (lentils, curries, chick peas, etc) |

DECLARATION ON PAGE 3 MUST BE SIGNED

DECLARED EVENT DETAILS	START DATE	END DATE
NAME OF EVENT:	/ /	/ /

FOOD SAFETY SUPERVISOR

The contact person for this application must complete [I'M ALERT FOOD SAFETY TRAINING](#) and attach a copy of the certificate as proof that all modules have been completed.

A food stall may have more than one Food Safety Supervisor. Each must also complete [I'M ALERT FOOD SAFETY TRAINING](#) and attach certificate.

NAME OF FOOD SAFETY SUPERVISOR	TELEPHONE NUMBER(S)	COMPLETION DATE
1.		__/__/__
2.		__/__/__
3.		__/__/__
4.		__/__/__

***HOW AND WHERE WILL FOOD INTENDED FOR SALE AT THE DECLARED EVENT BE PREPARED?** Briefly detail where the food will be processed (e.g. a commercial kitchen or onsite) and what food processing steps will be used (e.g. cutting, baking, freezing, frying etc.) Potentially hazardous food must be prepared onsite or in a registered commercial kitchen. If you are using a commercial kitchen, **please provide its trading name and registration number.**

COMMERCIAL KITCHEN REGISTRATION DETAILS (if applicable)

TRADING NAME	Reg. No	STATE

MANDATORY EQUIPMENT/FACILITIES– By ticking 'Yes' against each item listed below, you agree that these mandatory equipment/facilities will be available at your food business throughout the event.

	Yes
Hand washing facilities e.g. 20 litre container with a tap, liquid soap and single use towel.	<input type="checkbox"/>
Food digital probe thermometer	<input type="checkbox"/>
A tent with three sides and floor covering under cooking and preparation areas	<input type="checkbox"/>

Other Equipment/Facilities	Description of equipment being used
Refrigeration e.g. fridge, freezer, esky with ice, etc.	
Food warming devices e.g. bain-marie	
Food display e.g. sneeze guards, food grade containers, etc.	
Cooking devices	
Transportation	

DECLARATION ON PAGE 3 MUST BE SIGNED

CHECKLIST

To ensure your application can be processed, check that you have done the following:	Yes
Have you completed ALL relevant fields in this form?	<input type="checkbox"/>
Has the Contact Person completed <u>all modules</u> of the I'M ALERT food safety training?	<input type="checkbox"/>
Have you attached your Food Safety Supervisor's I'M ALERT completion certificate and proof that all modules have been completed?	<input type="checkbox"/>
Have you attached a clear certified copy of photo identification?	<input type="checkbox"/>
Do you understand your responsibilities under the <i>Food Act 2001</i> ?	<input type="checkbox"/>

DECLARATION

DECLARATION SIGNATURE – MUST BE SIGNED BY CONTACT PERSON

I, _____, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence. I understand that by signing this application I am liable for any contraventions of the *Food Act 2001* and the Food Standards Code during the operation of this Food Stall at the Declared Event specified on this application.

Signature: _____

Date: / /

COMPLETED FORMS TO BE RETURNED:

In Person:	By Post:	By Fax:	By Email:
Health Protection Service Howard Florey Centenary House 25 Mulley Street HOLDER ACT 2611	Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611	(02) 6205 1705 Please ensure quality of Photo ID before faxing.	hps@act.gov.au