

Temporary Food Premises Notification

Food Act 2001 - Section 86(1)

This form is required to be completed by all food vendors operating at an event within Eastern Health Authority's area.

This form must be submitted to the event organiser or Eastern Health Authority a minimum of **14 days** prior to the event.



101 Payneham Road,
St Peters, SA 5069
PO Box 275 Stepney SA 5069
T 8132 3600 | E eha@eha.sa.gov.au
W www.eha.sa.gov.au
ABN 52 535 526 439

Business Details

* indicates required fields

*Type of Food Premises:

Temporary Stall Food Vehicle (e.g. Truck/Trailer) Hired Facility (e.g. Hall/Kitchen)

*Proprietor/Entity Name

*ABN/ACN:

*Trading Name:

*Vehicle Registration Number (if applicable):

*Business Address:

Address:

Suburb:

Post Code:

*Home Council:

*Food Business Notification Number:

*Primary Contact Name:

First Name

Last Name

*Primary Contact Phone Number:

*Primary Contact Email Address:

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Event Details

*Event Name:

*Event Date(s):

*Event Location:

Address:

Suburb:

Post Code:

*Where is the Food Prepared?

- Onsite/At Event Home Based Kitchen
 Fixed Premises Other (please specify)

*Number of Food Handlers:

*I acknowledge that I will supply the following:

- Probe Thermometer Hand Washing Facilities
 Food Grade Sanitiser Suitable Transport

*Description of Food to be Sold:

Declaration

- I will ensure food sold during the permit period is safe and suitable and the Temporary Food Premises is operated in accordance with the *Food Act 2001* and the Food Safety Standards.
- I have read and understand the Information Pack - Fairs, Markets and Events
- I understand that an inspection by an Environmental Health Officer may be undertaken at the event, and that Officers have the power to prevent the ongoing sale of food where a risk and/or breaches are found.

First Name

Last Name

*Signature:

Date: