

131 Belair Road Torrens Park South Australia 5062

Postal Address PO Box 21 Mitcham Shopping Centre Torrens Park SA 5062

Telephone: (08) 8372 8816 Facsimile: (08) 8372 8101

## TEMPORARY EVENT FOOD NOTIFICATION FORM

## To be completed by the EVENT ORGANISER

EVENT DETA	<u>ILS</u>		
Name of Event:			
Event Location:			
Date/s of Event:	<u></u>		
Time of Event:	set up:	start time:	finish time:
Number of Food	d Outlets at Event (includes stalls, mobile	e vans and those operating fron	n permanent premises)
number	of: temporary stalls:	mobile food vans:	permanent premises:
	** please ensure all food outlets compl	ete the individual food outlet no	tification form **
COMPANY O	R BODY DETAILS		
Name of compa	ny or body responsible for the event:		
Street Address:			
Mailing Address	:		
Contact:	Business telephone:	Fax number:	
	E-mail:		
EVENT ORGA	ANISER DETAILS		
Contact Name:_			
Mailing Address	:		
Contact:	Business telephone:		elephone:
	Mobile phone:	Fax number:_	

\*\*Please return completed form to Environmental Health Department at the City of Mitcham a minimum of 2 weeks prior to the event. An Environmental Health Officer from the Council may contact you if further information is required. \*\*

E-mail:\_\_



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## TEMPORARY EVENT FOOD NOTIFICATION FORM INDIVIDUAL FOOD OUTLET

\*\* Please ensure a separate form is completed for each food outlet/stall \*\*

Name and/o	or number of stall:		
Name of sta	ll holder or food business:_		
Address of s	stall holder or food business	S:	
Mailing Add	ress of stall holder or food b	business:	
Please nam	·	ve notified of where your business is based:	
Contact Per		stall on the day of event:	
Contact:	Phone number:		
	After hours number:		
	Mobile number:		
	Fax number:		
	Email:		
Number of f	ood handlers/staff at the sta	all (at any one time):	
Types of foo	od to be sold on the day:		