

3. **Event Foods Stalls**

Stall 1.

Stall Holder Details		Foods types sold (Tick boxes that apply)	Yes
Name of Stall *		Bakery products	<input type="checkbox"/>
		Confectionery or Snack Food	<input type="checkbox"/>
Stall Holders ABN (optional)		Cooked Chilled or Frozen Meals	<input type="checkbox"/>
		Dairy products	<input type="checkbox"/>
Proprietor / Company Name *		Fermented meat products	<input type="checkbox"/>
		Grocery / pre-packaged foods	<input type="checkbox"/>
Trading Name of Business		Infant or baby foods	<input type="checkbox"/>
		Nut & seed kernel products	<input type="checkbox"/>
Address of Business *		Prepared ready-to-eat table meals	<input type="checkbox"/>
		Prepared Salads	<input type="checkbox"/>
		Processed cereal products	<input type="checkbox"/>
Town / Suburb	Postcode	Processed fruit & vegetables	<input type="checkbox"/>
		Processed meat, poultry or seafood	<input type="checkbox"/>
Local Council *		Raw fruit & vegetables	<input type="checkbox"/>
		Raw meat, poultry or seafood	<input type="checkbox"/>
Contact Name *		Raw ready to eat seafood or shellfish	<input type="checkbox"/>
		Self service ready to eat food	<input type="checkbox"/>
Mailing Address *		Alcoholic / Soft drinks / Juices / Beverages	<input type="checkbox"/>
		Water, non-reticulated supply	<input type="checkbox"/>
Phone Bus hrs *	Phone after hrs	Other please specify below	<input type="checkbox"/>
Facsimile			
E-mail			

Stall 2.

Stall Holder Details		Foods types sold (Tick boxes that apply)	Yes
Name of Stall *		Bakery products	<input type="checkbox"/>
		Confectionery or Snack Food	<input type="checkbox"/>
Stall Holders ABN (optional)		Cooked Chilled or Frozen Meals	<input type="checkbox"/>
		Dairy products	<input type="checkbox"/>
Proprietor / Company Name *		Fermented meat products	<input type="checkbox"/>
		Grocery / pre-packaged foods	<input type="checkbox"/>
Trading Name of Business		Infant or baby foods	<input type="checkbox"/>
		Nut & seed kernel products	<input type="checkbox"/>
Address of Business *		Prepared ready-to-eat table meals	<input type="checkbox"/>
		Prepared Salads	<input type="checkbox"/>
		Processed cereal products	<input type="checkbox"/>
Town / Suburb	Postcode	Processed fruit & vegetables	<input type="checkbox"/>
		Processed meat, poultry or seafood	<input type="checkbox"/>
Local Council *		Raw fruit & vegetables	<input type="checkbox"/>
		Raw meat, poultry or seafood	<input type="checkbox"/>
Contact Name *		Raw ready to eat seafood or shellfish	<input type="checkbox"/>
		Self service ready to eat food	<input type="checkbox"/>
Mailing Address *		Alcoholic / Soft drinks / Juices / Beverages	<input type="checkbox"/>
		Water, non-reticulated supply	<input type="checkbox"/>
Phone Bus hrs *	Phone after hrs	Other please specify below	<input type="checkbox"/>
Facsimile			
E-mail			

* denotes required info

Stall 3.

Stall Holder Details		Foods types sold (Tick boxes that apply)	Yes
Name of Stall *		Bakery products	<input type="checkbox"/>
		Confectionery or Snack Food	<input type="checkbox"/>
Stall Holders ABN (optional)		Cooked Chilled or Frozen Meals	<input type="checkbox"/>
		Dairy products	<input type="checkbox"/>
Proprietor / Company Name *		Fermented meat products	<input type="checkbox"/>
		Grocery / pre-packaged foods	<input type="checkbox"/>
Trading Name of Business		Infant or baby foods	<input type="checkbox"/>
		Nut & seed kernel products	<input type="checkbox"/>
Address of Business *		Prepared ready-to-eat table meals	<input type="checkbox"/>
		Prepared Salads	<input type="checkbox"/>
		Processed cereal products	<input type="checkbox"/>
Town / Suburb	Postcode	Processed fruit & vegetables	<input type="checkbox"/>
		Processed meat, poultry or seafood	<input type="checkbox"/>
Local Council *		Raw fruit & vegetables	<input type="checkbox"/>
		Raw meat, poultry or seafood	<input type="checkbox"/>
Contact Name *		Raw ready to eat seafood or shellfish	<input type="checkbox"/>
		Self service ready to eat food	<input type="checkbox"/>
Mailing Address *		Alcoholic / Soft drinks / Juices / Beverages	<input type="checkbox"/>
		Water, non-reticulated supply	<input type="checkbox"/>
Phone Bus hrs *	Phone after hrs	Other please specify below	<input type="checkbox"/>
Facsimile			
E-mail			

Stall 4.

Stall Holder Details		Foods types sold (Tick boxes that apply)	Yes
Name of Stall *		Bakery products	<input type="checkbox"/>
		Confectionery or Snack Food	<input type="checkbox"/>
Stall Holders ABN (optional)		Cooked Chilled or Frozen Meals	<input type="checkbox"/>
		Dairy products	<input type="checkbox"/>
Proprietor / Company Name *		Fermented meat products	<input type="checkbox"/>
		Grocery / pre-packaged foods	<input type="checkbox"/>
Trading Name of Business		Infant or baby foods	<input type="checkbox"/>
		Nut & seed kernel products	<input type="checkbox"/>
Address of Business *		Prepared ready-to-eat table meals	<input type="checkbox"/>
		Prepared Salads	<input type="checkbox"/>
		Processed cereal products	<input type="checkbox"/>
Town / Suburb	Postcode	Processed fruit & vegetables	<input type="checkbox"/>
		Processed meat, poultry or seafood	<input type="checkbox"/>
Local Council *		Raw fruit & vegetables	<input type="checkbox"/>
		Raw meat, poultry or seafood	<input type="checkbox"/>
Contact Name *		Raw ready to eat seafood or shellfish	<input type="checkbox"/>
		Self service ready to eat food	<input type="checkbox"/>
Mailing Address *		Alcoholic / Soft drinks / Juices / Beverages	<input type="checkbox"/>
		Water, non-reticulated supply	<input type="checkbox"/>
Phone Bus hrs *	Phone after hrs	Other please specify below	<input type="checkbox"/>
Facsimile			
E-mail			

* denotes required info

Stall 5.

Stall Holder Details		Foods types sold (Tick boxes that apply)	Yes	
Name of Stall *		Bakery products	<input type="checkbox"/>	
		Confectionery or Snack Food	<input type="checkbox"/>	
Stall Holders ABN (optional)		Cooked Chilled or Frozen Meals	<input type="checkbox"/>	
		Dairy products	<input type="checkbox"/>	
Proprietor / Company Name *		Fermented meat products	<input type="checkbox"/>	
		Grocery / pre-packaged foods	<input type="checkbox"/>	
Trading Name of Business		Infant or baby foods	<input type="checkbox"/>	
		Nut & seed kernel products	<input type="checkbox"/>	
Address of Business *		Prepared ready-to-eat table meals	<input type="checkbox"/>	
		Prepared Salads	<input type="checkbox"/>	
Town / Suburb		Postcode	Processed cereal products	<input type="checkbox"/>
			Processed fruit & vegetables	<input type="checkbox"/>
Local Council *		Processed meat, poultry or seafood	<input type="checkbox"/>	
		Raw fruit & vegetables	<input type="checkbox"/>	
Contact Name *		Raw meat, poultry or seafood	<input type="checkbox"/>	
		Raw ready to eat seafood or shellfish	<input type="checkbox"/>	
Mailing Address *		Self service ready to eat food	<input type="checkbox"/>	
		Alcoholic / Soft drinks / Juices / Beverages	<input type="checkbox"/>	
Phone Bus hrs *		Phone after hrs	Water, non-reticulated supply	<input type="checkbox"/>
			Other (please specify below)	<input type="checkbox"/>
Facsimile				
E-mail				

If you have more than 5 stalls to notify please copy page 2 or 3 to attach to the form.

4. Declaration

I declare that all information supplied on this form is true and correct and there are necessary records and / or documentation to support this notification.			
Print name here			
Signature		Date	

Please lodge this form with your local council / collection agency at Council Details:-

Office use only

Date Received / /	Fee Paid: \$	Date entered / /	Notification No.
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* denotes required info