

Form | 250.2025.338.1

## Temporary Food Premises Notification

Public Health and Environment

This notification does not constitute Development Consent or preclude the need for Development Consent under the <i>EP&amp;A Act 1979</i> or the <i>Local Government Act 1993</i> .			
Applicant Details			
Name/Trading Name			
Street Address			
Postal Address			
ABN (if applicable)			
Email		Phone	
Stall Location/Event			
Type Of Temporary Event/Stall			
Description of Goods Being Sold			
Charitable organisation ☐ Yes ☐ No			
If yes, registered charitable number			
Food Safety Supervisor (if required)			
Name	Expiry	Certificate Number	
Food Handlers			
Number of food handlers			

Water Supply			
□ Town Water	☐ Private Water	□ No Water Available	
If private water supp	ly:		
What is the so	ource of your water?	(ie tank, bore)	
What is the treatment type for the water? ( ie filter, UV)			
Date your QAP was submitted to NSW Health – a copy must be attached			
Trading Sessions			
Number of Stalls Per Year			
Trading Date/s			
Signature of applicar	nt	Date	

For further information or assistance on completing this form please contact Council.

Mail: PO Box 714 COOMA NSW 2630

Phone: 1300 345 345

Email: <a href="mailto:council@snowymonaro.nsw.gov.au">council@snowymonaro.nsw.gov.au</a>

Web: <u>www.snowymonaro.nsw.gov.au</u>