

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 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 health.act.gov.au/businesses/food-safety-regulation or contact the Health Protection Service on 02 5124 9700.

Complete all sections of this form and return to the Health Protection Service at least 14 days before the event.

This form may also be completed online via a secure portal at

forms.act.gov.au/smartforms/hps/declared-event-food-business-registration-application

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		Surname	
Phone		Email	
Postal address			
Proof of identification			
The contact person must provide one form of current photographic identification.			
Acceptable forms of photographic identification are:			
<ul style="list-style-type: none"> • current driver's licence • proof of age or identity card issued by a State/Territory • passport. 			

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

DECLARATION ON PAGE 3 MUST BE SIGNED

Declared event details *This form is for events declared as to be regulated by the ACT Minister of Health*

Events that are not listed here still require registration. Please refer to [starting a food business](#) for further information and registration forms.

Tick the Declared Event you are attending:

Start date: __/__/__

End Date: __/__/__

- ☐ National Multicultural Festival
☐ Enlighten Festival
☐ Canberra Night Noodle Markets

- ☐ National Folk Festival
☐ World Curry Festival

Food safety supervisors

The contact person for this application must complete [DoFoodSafely](#) or [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 DoFoodSafely or I'M ALERT food safety training and attach a 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.

☐

Food digital probe thermometer

☐

A tent with three sides and floor covering under cooking and preparation areas

☐

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.	

Other Equipment/Facilities	Description of equipment being used
Cooking devices	
Transportation	

Food safety information

We will send you information on how to run a food stall safely. **What languages would you like to receive this information in?**
(Please tick as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> 日本語 / Japanese |
| <input type="checkbox"/> አማርኛ / Amharic | <input type="checkbox"/> 한국어 / Korean |
| <input type="checkbox"/> العربية / Arabic | <input type="checkbox"/> Español / Spanish |
| <input type="checkbox"/> 简体中文 / Chinese (simplified) | <input type="checkbox"/> ภาษาไทย / Thai |
| <input type="checkbox"/> 繁體中文 / Chinese (traditional) | <input type="checkbox"/> اردو / Urdu |
| <input type="checkbox"/> हिंदी / Hindi | <input type="checkbox"/> Tiếng Việt / Vietnamese |

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 either DoFoodSafely or I'M ALERT food safety training?	<input type="checkbox"/>
Have you attached your Food Safety Supervisor's DoFoodSafely or I'M ALERT completion certificate and proof that all modules have been completed?	<input type="checkbox"/>
Have you attached a clear copy of photo identification?	<input type="checkbox"/>
Do you understand your responsibilities under the <i>Food Act 2001</i> ?	<input type="checkbox"/>

Declaration

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: _____ (Must be signed by contact person)

Date: / /

COMPLETED FORMS TO BE RETURNED:

In Person:	By Post:	By Email:	Online:
Health Protection Service Howard Florey Centenary House 25 Mulley Street HOLDER ACT 2611	Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611	hps@act.gov.au	