

## TEMPORARY EVENT FOOD NOTIFICATION FORM INDIVIDUAL FOOD OUTLET

### Event Details

Name of Event: TOURRIFIC PROSPECT STREET PARTY Date(s) of event: 20 JAN 2020

Location of Event: PROSPECT ROAD, PROSPECT, SA.

Proprietor's Name (Person(s) or Company 'Pty Ltd'): \_\_\_\_\_

Business or trading name: \_\_\_\_\_

Proprietor's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ ABN: \_\_\_\_\_

### Food Stall Details

*Please provide a short description of the business and the food being sold*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Refrigeration/Cold storage | <input type="checkbox"/> Hand washing facilities with soap and paper towel |
| <input type="checkbox"/> Cooking equipment          | <input type="checkbox"/> Food grade sanitiser                              |
| <input type="checkbox"/> Sinks/Washing facilities   | <input type="checkbox"/> Probe Thermometer                                 |
| <input type="checkbox"/> Other _____                |  |

### Declaration

I (PRINT NAME) ..... being the proprietor of the above premises/ site,  
consent to the disclosure CITY OF PROSPECT ..... (NAME OF EVENT ORGANISER), of all  
information or publication of documents relating to the premises / site which may be revealed or obtained as a result of an  
inspection conducted in relation to the Food Act 2001 during the 2020.TOURRIFIC.PROSPECT.STREET.PARTY.....  
(NAME OF EVENT) by authorised officers of the Eastern Health Authority.

Signed (Proprietor): \_\_\_\_\_ Date:    /    /

*Submit this form to the Event Organiser or Eastern Health Authority.*

BY SIGNING THIS FORM, I (THE ABOVE NAMED) AGREE TO THE TERMS AND CONDITIONS OUTLINED  
IN THIS DOCUMENT AND TO ALL EHA AND CITY OF PROSPECT REQRUIEMENTS TO PARTICIPATE IN  
TOURRIFIC PROSPECT 2020, AN ASSOCIATED EVENT OF THE 2020 TOUR DOWN UNDER.