



City of Port Lincoln

Address: Postal Address: Email: Telephone: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

PO Box 1787, Port Lincoln SA 5606

plcc@plcc.sa.gov.au Web: www.portlincoln.sa.gov.au

(08) 8621 2300 Fax: (08) 8621 2399

TEMPORARY EVENT FOOD NOTIFICATION FORM EVENT ORGANISER

| EVENT DETAILS: | | |
|--------------------------|------------------------------|--|
| Name of Event: | | |
| Event Location: | | |
| Date of Event: | | |
| Set up time: | Start time: | Finish time: |
| Number of food outlets a | t event (include stalls, mob | oile vans and those operating from permanent premises) |
| Temporary stalls: | Mobile food vans | : Permanent premises: |
| **Ensure all food outlet | s complete the individual i | food outlet notification form** |
| EVENT ORGANISOR DE | ТАПЅ: | |
| Name of company or bod | y responsible for the event | :: |
| | | |
| Postal Address: | | |
| Bus Ph: | Email: | |
| Contact name: | | |
| Bus Ph: | Mo | bile phone: |
| After hours Ph: | E-m | ail: |

^{**}Please return the completed form to City of Port Lincoln 4 weeks prior to the event. It is requested that event organisers collect the individual food notification forms and send them through at least 1 week before the event date**

FOOD BUSINESS NOTIFICATION

Please provide the food/drink stalls that will be at the event including their Food Business Notification Number. For more information regarding this, please go to: http://www.portlincoln.sa.gov.au/foodsafety-or- Contact Council's Environmental Health Officer on 8621 2300 for further information.

| Food Stall Trading Name | Contact Person | Contact Number | Food Business Notification Number | Food Safety Supervisor (if required) |
|-------------------------|----------------|----------------|---|--------------------------------------|
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