Application for mobile food business registration

When to use this form

Use this form if you want to apply to have a mobile food business. For further information about applying please refer to our website.

Once we have received your application an officer will contact you to arrange for payment to be taken. Please refer to the current fees and charges.

For further information you can contact us at coh@hobartcity.com.au or telephone 6238 2715.

Business details

Is this application for state wide registration? (Select 1 option) Required

- yes
- no

Business trading name Required

Select the type of mobile structure: (Select 1 or more options) Required

- food van
- caravan
- open stall
- tent based
- other

Complete this field if you made a selection that includes ‘other’ in Business details: Select the type of mobile structure:

Please specify Required
Vehicle Registration Number (for vehicles registered under the Roads and Traffic Act)

What types of food will be sold?  Required

Please provide details of food safety skills and knowledge  (food safety qualifications, training or experience)  Required

Food preparation and storage (please provide a property address of any premises where food is prepared and stored which is sold via your mobile food business)  Required

Mobile food business layout (please attach an A4 plan or photographs that clearly depict the layout of your mobile food business as a part of this application). Required

Please attach all files to the end of this form before submitting it.

Mobile food business proprietor’s details

Are you applying as an individual or a company? (Select 1 option)  Required

○ individual
○ company

Complete this field if you selected ‘individual’ in Mobile food business proprietor’s details: Are you applying as an individual or a company?

First name  Required
<table>
<thead>
<tr>
<th>Field</th>
<th>Required</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
<td>Required</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Required</td>
<td>(submitting online? Use the calendar icon on the right to select the date)</td>
</tr>
<tr>
<td>Company name</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>ABN</td>
<td>Required</td>
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<tr>
<td>ACN</td>
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</tbody>
</table>
Email address

Telephone number

Location where the mobile food business is garaged

Unit/street number

Street name

Suburb

Is this your postal address? (Select 1 option)

- yes
- no

Complete this field if you selected 'no' in Mobile food business proprietor's details: Is this your postal address?

Postal address
Have you already discussed your application with an Environmental Health Officer? (Select 1 option)  
- yes
- no

Complete this field if you selected 'yes' in Mobile food business proprietor's details: Have you already discussed your application with an Environmental Health Officer?

What is their name?  

Preferred contact method (Select 1 option)  
- email
- telephone
- Australia Post

Contact person details

First name

Last name

Email address

Telephone number
Declaration

I have attached the following documents as part of my application: (Select 1 or more options)

- mobile food business layout Required

In making this application: (Select 1 or more options)

- I declare that the information on this application is true, accurate and complete. Required
- I understand and agree that information about this application and the business's ongoing operations will be shared with relevant councils and the Department of Health and Human Services to assess this application and the business’s compliance with the Food Act 2003. Required
- I acknowledge that this application is not valid and assessment of the application will not commence until all application fees are paid in full. Required
- I acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right to select the date)

Don't forget to attach all files before submitting this form