# Temporary Food Stalls Event Register (Non-Council land only)



# Àbout this form

This form should be used by event managers organising events <u>**not**</u> being held on City of Sydney owned land. For events <u>**on**</u> City of Sydney land, please complete the Event Application form.

#### How to complete this form

- 1: Ensure that all fields have been filled out correctly.
- 2: Please note that fields on this form marked with an \* are mandatory and must be completed before submitting the application.
- 3: Once completed you can submit this form by email, mail and in person. Please refer to the Lodgement details section for further information.
- 4: Applications must be submitted at least 28 days prior to the event.

### Part 1: Applicant Details

Given Name/s *		Family Name *					
Company / Business N	lame*						
ABN / ACN*							
Postal Address*							
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<b>Note:</b> Before this application can be lodged at least one of the modes of contact below must be supplied. Business Telephone Number * Mobile Number *							
Email Address		 Site Contact	* (if differ	ent to above)			
					(		
	•						
Part 2: Event Detai	ls*						
Event Name*			[	Date Council notified*			
Where is your event loca	ated?*	Date/s of event (from-to)*					
Stall Details * (please provide answers in the boxes below)							
Set Up Time	Event Time Start	Event Time Finish	Dismantle Time	Number o Stal		Number of Food Vans	
	Start	FIIIISII	Time	Sia	15	Vans	
A list of all participating food stall holders including stall name, Council reference number, food stall							
site number and a location map is enclosed with this application Completed forms are enclosed with the application for food stalls not previously registered with							
Council			, ,	5	L		
Part 3: Applicant Declaration							
I declare that the information provided on this form is accurate, complete and correct. I understand that this is an application, and approval of this application is not guaranteed.							
Applicant Name		Applicant	Signature		Date		

#### Part 4: Event Organiser Approval

I declare that I am the event organiser and support this application.

# Applicant Name Applicant Signature Date

#### Part 5: Lodgement Details

You can lodge the completed application by:

EMAIL: <u>council@cityofsydney.nsw.gov.au</u>

MAIL: City of Sydney, GPO Box 1591, Sydney NSW 2001

IN PERSON: Town Hall House - Level 2, 456 Kent Street, Sydney See our website for details of all customer service centres and opening hours: <u>cityofsydney.nsw.gov.au/customer-service-centres</u>

**WHAT NOW:** Once your application is received a Council Officer will contact you if further information is required.

For further information regarding your application please contact us by visiting cityofsydney.nsw.gov.au/contact-us

# Part 6: Privacy & Personal Information Protection Notice

Purpose of collection: This information is being collected for the purpose of delivering Temporary Food Stall Event registration in the Council area.
 Intended recipients: City of Sydney employees. Any approved contractors and any other relevant state government agency required to provide this service.

	agency required to provide this service.
Supply:	The supply of this information is voluntary. If you are unwilling to provide this information, the City of
	Sydney may be unable to provide access to City of Sydney services.

Access/Correction: Please contact Customer Service on 02 9265 9333 or at <u>council@cityofsydney.nsw.gov.au</u> to access or correct your personal information.

Storage:The City Planning, Development and Transport Unit at the City of Sydney, located at 456 Kent Street,<br/>Sydney NSW 2000, is collecting this information and the City of Sydney will store it securely.Other uses:The City of Sydney will use your personal information for the purpose for which it was collected and

may use it as is necessary for the exercise of other functions.

For further details on how the City of Sydney manages personal information, please refer to our Privacy Management Plan <u>cityofsydney.nsw.gov.au/policies/privacy-management-plan</u>.

Office Use Only	
Receiving Officer (print name)	Date
PID Number	File Number
Inspection Report	