

# APPLICATION FOR TEMPORARY BUSINESS

Applicant/Organiser: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Details of Relevant Skills (e.g. food handling qualifications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Event: \_\_\_\_\_

Venue/Location: \_\_\_\_\_

Proposed Hours of Operations: \_\_\_\_\_

Details of Safety Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Types of food to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

## OFFICE USE ONLY

Receipt Number \_\_\_\_\_

## RETURN COMPLETED FORMS TO:

Planning & Compliance Department  
P: (03) 6471 4700  
E: [wcc@westcoast.tas.gov.au](mailto:wcc@westcoast.tas.gov.au)  
PO BOX 63, Queenstown TAS 7467  
11 Sticht Street, Queenstown TAS 7467

