



FOOD VENDOR INFORMATION SHEET

(One required for each vendor)

Name of Vendor: _____

Point of Contact: _____

Business Address: _____

POC Mobile: _____

Main purpose of business: _____

Is a menu attached, indicating the full range of food to be provided? YES / NO

Indicate which of the following foods you sell directly or will be using as ingredients:

- | | |
|---|----------|
| <input type="checkbox"/> Milk/milk products | Yes / No |
| <input type="checkbox"/> Poultry | Yes / No |
| <input type="checkbox"/> Salads/rice dishes | Yes / No |
| <input type="checkbox"/> Egg products | Yes / No |
| <input type="checkbox"/> Fish/fish products | Yes / No |
| <input type="checkbox"/> Raw meat | Yes / No |
| <input type="checkbox"/> Ice cream | Yes / No |
| <input type="checkbox"/> Shellfish | Yes / No |
| <input type="checkbox"/> Cooked meat | Yes / No |

Other (specify): _____

Type of operation:

- | | |
|--------------------------------------|----------|
| <input type="checkbox"/> Stall | Yes / No |
| <input type="checkbox"/> Mobile unit | Yes / No |
| <input type="checkbox"/> Stand | Yes / No |
| <input type="checkbox"/> Tent | Yes / No |

Other (specify): _____

Indicate the type of equipment to be provided/used on site:

- Refrigeration
- Freezer
- Oven
- Deep fryer
- Microwave oven
- Sink
- Wash hand basin
- Grill

Other (specify): _____

Are fire extinguishers provided at each site? YES/ NO

What kind/type?: _____

Indicate power sources:

- LPG (propane) Yes / No
- Electrical generator Yes / No

Other (specify): _____

Is the food to be prepared or stored in premises other than the temporary food premises or vehicle? YES / NO

If YES, please state the address: _____

Will food be delivered to the site by a separate supplier? YES / NO

If YES, what arrangements will be made for receipt of those goods? _____

Have you or any of your staff completed a food handler hygiene course? YES / NO

If YES, when and where: _____

Vendor Point of Contact signature: _____

Date: _____