

# Event Notification Form

**EVENT DETAILS:**

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

Location of Event \_\_\_\_\_

Date/s of Event \_\_\_\_\_

Expected No People/Day \_\_\_\_\_

**EVENT CO-ORDINATOR DETAILS:**

Name of Event Co-ordinator \_\_\_\_\_

Contact Details of Event Co-ordinator \_\_\_\_\_

Phone \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Mobile

Email \_\_\_\_\_

Fax \_\_\_\_\_

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

**DESCRIPTION OF EVENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SITE DETAILS:**

Indicate site details (note: include details such as indoor/outdoor, normal use, permanent structure, temporary site and facilities including water supply, accommodation, toilets, waste removal etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cnr Todd Street and Gregory Terrace

PO Box 1071 Alice Springs NT 0871

Tel: (08) 89 500 500 • Fax: (08) 89 530 558

Email: [astc@astc.nt.gov.au](mailto:astc@astc.nt.gov.au) • Web: [www.alicesprings.nt.gov.au](http://www.alicesprings.nt.gov.au)



**FOOD BUSINESS (Food Stall Holder)**

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

Name of Food Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registered as a food business?** \_\_\_\_\_ No  Yes  Registration No \_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_

Responsible EHO \_\_\_\_\_

Inspection required Yes  No

EHO Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration number \_\_\_\_\_ File Number \_\_\_\_\_

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