

**2011 COOTA BEACH VOLLEYBALL FESTIVAL  
FOOD STALL OPERATION – EXPRESSION OF INTEREST**



**Contact Person:**

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**Stall/Business Name:**

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**Postal Address:**

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Post Code

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**Phone No.:**

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**Mobile No.:**

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**E-mail Address:**

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**Please provide the following information in relation to your food stall:**

**Dimensions:**

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**Is your food stall registered under the Food Act 1984? YES / NO**  
(Please circle)

**Name of Food Safety Supervisor:**

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**Is your food stall run for charitable purposes? YES / NO** (Please circle)

Please enclose the following information with this application:

- Proposed menu and pricing
- Photographs of stall in operation if possible (for new applicants only)
- Details of other festival/event experience
- Copy of Council Food Registration Certificate
- Evidence of Public Liability Insurance

**Please return to: COOTA BEACH VOLLEYBALL  
FOOD STALL EXPRESSION  
P.O BOX 215  
COOTAMUNDRA NSW 2590**