1. Name of event: 

Location:  Date: Click here to enter a date.

1. Name of proprietor: 
Address: 

Telephone: 

Trading as: 

Business address: 

1. Number of vehicles / structures etc. / to be brought into the site: 
2. Are you registered with a local authority? [ ] Yes[ ] No
If Yes, which? 
3. Are you a National Caterers Association Member (NCASS)? [ ] Yes[ ] No
4. Type(s) of structure (please tick as appropriate):

[ ]  Stall [ ]  Purpose built vehicle [ ]  Converted vehicle [ ]  Tent
[ ]  other (please specify) 

1. Please specify the full range of goods offered (name all foods prepared and sold; alternatively enclose a menu card):


1. Please indicate which of the following foods you carry, either for sale or for use as an ingredient:

[ ]  Milk [ ]  Cream [ ]  Ice-cream [ ]  Poultry [ ]  Fish

[ ]  Egg products [ ]  Salad [ ]  Shellfish [ ]  Meat: cooked

[ ]  Meat: raw (includes burgers, bacon and sausages) [ ]  other (please specify)



1. Please indicate the following facilities you intend to provide on-site:

[ ]  Refrigerator(s) [ ]  Freezer(s) [ ]  **\***Cooking hob(s) [ ]  **\***Oven(s)

[ ]  Microwave(s) [ ]  **\***Grill(s) [ ]  other cooking facilities (please specify):



[ ]  Sinks [ ]  Wash hand basins [ ]  Soap [ ]  Hand drying facilities [ ]  Cool boxes

[ ]  Nailbrush [ ]  First Aid Kit [ ]  Hot water supply to the basin(s)

**\*** Note: if you have any of these appliances, you should have a Powder or CO2 fire extinguisher (blue or black) and a fire blanket.

1. What food hygiene training do your food handlers have? 
2. Do you use Safer Food, Better Business or an equivalent food safety management system? [ ] Yes[ ] No
3. Please indicate power source: [ ]  LPG [ ]  Diesel [ ]  Petrol [ ]  Electrical Generator

[ ]  other cooking facilities (please specify): 

1. If any food products are prepared or stored in a place other than the vending vehicle or stall, please state what is done and where:



1. Will food be delivered to the site by a separate supplier? [ ] Yes[ ] No

If Yes, please state what arrangements will be made for its reception:



1. What date will you arrive on site? Click here to enter a date.

If possible, please give an indication of time (e.g. am, pm, evening): 

1. On what days will you be trading? 
2. Have you been at this show / event before? [ ] Yes[ ] No
3. What other shows / events have you attended in the last six months?

4. How long have you or your company operated this type of operation? 
5. Name of person completing this questionnaire: 

Address: 

Position in company: 

Signature:  Date: Click here to enter a date.