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? YesNo  
   If Yes, which? 
3. Are you a National Caterers Association Member (NCASS)? YesNo
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? YesNo
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? YesNo

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? YesNo
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.