Notification for Food Stalls and Temporary Food Businesses (HealthFB004)



Applicant details				
Applicant name				
Name of Organisation				
Address				
Charity □	Community		Commerc	ial 🗆
Postal address				
Home Phone		Work/mobile Phone		
Fax:		Email Address		
Activity/Event Details	S			
Name of Event/Activity	y:			
Date/s:				
Location:				
Proposed operating tir	mes:			
Proposed area in m2 t	to be occupied (LG pro	operty only):		
Number of people wor	king at the temporary	food premise:		
Names and addresses	s of people assisting a	t the temporary food p	premise:	
Activity/Event Details				
Address of off-site pre	paration:			
☐ This stall or van authority)	is registered with _			(name of local
	not registered. Regist	ration may be require	d prior to approval o	of temporary food

Food Preparation					
Where is food being prepared/cooked?					
 □ At the event □ At home, please provide details below: □ Do you own a pet □ If the answer is yes, is your pet permitted indoors? Yes □ No □ 					
Please tick the categories that best describes your food activities:					
☐ Prepare and provide food as part of a bed and breakfast or home stay					
☐ Prepare and provide food as part of a tour					
☐ Prepare cakes, biscuits, or other flour products that do not contain potentially hazardous					
foods such as cream					
☐ Prepare and provide food as part of a family day care					
☐ Prepare and provide food as part of a community/charitable fundraising event					
☐ Cake decorating					
☐ Jams					
☐ Pickled onions					
☐ Chutneys, relishes and sauces					
☐ Repackaging confectionary products					
☐ Other (Please specify)					
☐ At a Registered Food Business:					
Name of Food Business:					
** Please provide a current Certificate of Food Business Registration.					
Food Stall Structure					
Please indicate the stall structure					
☐ Marquee (enclosed on 3 sides) ☐ Trestle table (open at sides) ☐ Food Van					
Describe layout. Include handwashing, servery equipment, cooking equipment benches.					
☐ Other – Please provide details.					

Food Type and Ad	etivities					
Food Type and Activities Detailed description of type of food and drink sold.						
Describe how food will be stored and how temperature will be monitored?						
		·				
If transporting food	items, how will it	t be transported to the site?				
□ Car	□ Van	☐ Refrigerated Van	☐ Other (please describe)			
Approximate travel	time:					
How will food items	s be displayed:					
Food Handling						
Have you had a foo	od stall before?					
Have you completed I'm Alert food safety training program? (Minimum units required: Overview, potentially hazardous foods, food handling skills& knowledge food packaging, hygiene of food handlers)						
Public Liability Ins	surance <i>(Local</i> (Government Property Only	y)			
The permit holder must have Public Liability insurance (minimum cover \$5,000,000) relating to the approved activity. A copy of the Public Liability Insurance certificate must be attached with this						
application.	71 oopy or and	r done Elability integrance (ooranidate made se attached wan tine			
Declaration						
I declare that, the in	nformation conta	ined in this application is tru	e and correct;			
Signature of applica	ant:	Da	ate:			
★A fee may be payable as indicated in the Shire of Exmouth Schedule of Fees and Charges						

Office Use Only						
☐ Approved			□ Not Approved			
Stallholders Permit	t Traders Perm		nporary Food iness Permit	Mobile Trader	Exempt under S10 FRegs Notification Only	
Conditions						
Health	Signed		<u> </u>		Date	
	ŭ					
Planning	anning Signed				Date	
Application fee	\$		Receipt No:		Date:	
			Waivered:	Y/N		