



SHIRE OF EXMOUTH

NOTIFICATION FOR FOOD STALLS & TEMPORARY FOOD BUSINESSES

Applicant details

Applicant name:	_____		
Address:	_____		
Name of Organisation:	_____		
Charity /Community	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Postal address:	_____		
Home phone:	_____	Work/mobile phone:	_____
Fax:	_____	Email address:	_____

Proposed activity/use:

Proposed location/s:

Proposed area in m² to be occupied (**local government property only**): _____

Number of people working at the temporary food premises: _____

Names and addresses of people assisting at the temporary food premises:

Dates: _____

Hours: From: _____ To: _____

Duration: _____

Where is food being prepared/cooked?

- At the event

- At home: Must receive prior approval. Please complete the application form to conduct food activities in a residential premises.

- At a Registered Food Business:

Name of Food Business: _____

★Please provide a current Certificate of Food Business Registration.

Please describe your stall structure or provide a diagram:

Food Type and Activities

Please describe in detail; food and processes:

Food/Drink Type	Origin of Food	Main Ingredients	Cooking and Processing	Storage	Display
Eg. Sausages	IGA	Not made by our group	On the BBQ	Esky with ice	Sold straight off BBQ
1.					
2.					
3.					
4.					

Public liability insurance (Local Government Property Only):

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.

Declaration:

I declare that, the information contained in this application is true and correct;

Signature of applicant: _____ Date: _____

★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
(Local Government
Property only)

Traders Permit

Temporary Food Business
Permit

Mobile Trader

Exempt under
S10 FRegs
Notification Only

Conditions: _____

Health: **Signed:** _____ **Date:** _____

Planning: **Signed:** _____ **Date:** _____

Application fee (please circle)	One-off permit \$ Annual permit \$	Receipt No:	Date:
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Application Fee	E118702	\$
Permit Fee	E118702	\$