

Notification for Food Stalls and Temporary Food Businesses (HealthFB004)



Applicant details			
Applicant name			
Name of Organisation			
Address			
Charity <input type="checkbox"/>	Community <input type="checkbox"/>	Commercial <input type="checkbox"/>	
Postal address			
Home Phone		Work/mobile Phone	
Fax:		Email Address	
Activity/Event Details			
Name of Event/Activity:			
Date/s:			
Location:			
Proposed operating times:			
Proposed area in m2 to be occupied (LG property only):			
Number of people working at the temporary food premise:			
Names and addresses of people assisting at the temporary food premise:			
Activity/Event Details			
Address of off-site preparation:			
<input type="checkbox"/> This stall or van is registered with _____ (name of local authority)			
<input type="checkbox"/> This stall or van is not registered. Registration may be required prior to approval of temporary food stalls.			

Food Preparation

Where is food being prepared/cooked?

- At the event
- At home, please provide details below:
- Do you own a pet Yes No
- 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 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 be transported to the site?

Car Van Refrigerated Van Other (please describe)

Approximate travel time:

How will food items be displayed:

Food Handling

Have you had a food 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 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	Traders Permit	Temporary Food Business Permit	Mobile Trader	Exempt under S10 FRegs Notification Only
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Conditions

Health	Signed		Date
Planning	Signed		Date

Application fee	\$	Receipt No: Waivered: Y/N	Date:
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