## APPLICATION FOR APPROVAL TO OPERATE A TEMPORARY FOOD STALL

## Food Act 2008



Application forms need to be received at least 14 days before the event

The City of Karratha is committed to working towards a paperless environment and reducing our environmental footprint, therefore we encourage you to complete and submit your application electronically.

APPLICANT/PR	OPRIETOR DETAILS					
Trading name:		Full name/company name:				
Contact person:		Phone:				
Mobile:			Email:			
Proprietor's Add	ress:	J.				
EVENT DETAILS						
Event name:						
Venue:		Street:				
Town/suburb:		Dates/s:				
Number of persons involved on the day/s:			Time of operation:			
Type of stall:	☐ Trailer ☐	Enclosed	d marquee ☐ Ro	of only (shade sail or similar)		
FOOD DETAILS						
Detailed list of al	I food products to be sold:					
Is food proposed to be prepared by or in conjunction with an approved food premises? (if yes, please provide the trading name, address, and contact person)   Yes  No						
Trading name:		Contact person:				
Address:						
Is food proposed to be prepared in a residential kitchen? (if yes, please provide detail of which food types and the address)   Yes  No						
Is food proposed to be packaged prior to sale? (If yes, please attach a copy of your labels. If your food is packaged prior to sale, it must comply with the Food Standards Australia New Zealand (FSANZ) Food Standards Code labelling requirements) $\square$ Yes $\square$ No						
TYPE OF EQUIPMENT (please provide details of your on-site equipment in the right hand column)						
Heating and cooking devices (e.g. BBQ, Pizza Oven etc.)						
Refrigeration/cooling/storage (e.g. Esky with Ice Packs, mobile cool room)						
Hand washing facility (e.g. Container of potable water with a tap, hand soap, paper towels and bucket to collect waste water)						
Utensil washing facility (e.g. Container of potable water with a tap, detergent and separate container to that used for hand washing to collect wastewater)						
Floor covering (e.g. ground sheet, tarpaulin)						
Power source (e.g. generator)						
Water source (e.g. home, nearest potable water dispenser)						
Waste disposal facility (e.g. garbage bin with a tight fitting lid whilst on site and disposed of an appropriate facility after the event)						
Waste water disposal facility (e.g. nearest sewer)						
ADDITIONAL IN	IFORMATION					
Please provide details of 2 previous events you have attended:						
LOCATION/EVENT		LOCAL	AUTHORITY			
Do you hold a current Food Act Registration with your local authority (if yes, please provide the name of the local authority and submit a copy of your Food Act 2008 Registration Certificate):						

Please provide your proposed layout plan for your stall (If you are a registered food business, please provide the plan approved by your local					
authority. New food business applicants must provide a plan that is to scale).					
TEMPORARY FOOR STALL SUFSKUST III					
TEMPORARY FOOD STALL CHECKLIST (Please tick appropriate					
☐ Heating and cooking devices	☐ Hand washing facility				
☐ Waste disposal facility	☐ Gas cylinder				
☐ Utensil washing facility	☐ Refrigeration/cooling/storage				
☐ Fire extinguisher	☐ Water source				
☐ Preparation and display tables	☐ Power source				
☐ Waste water disposal facility	☐ Floor covering				
FEES (Please tick appropriate box)					
This stall is operated by a registered food business ( registration Certificate)	This stall is operated by a registered food business (please submit your current Food Act 2008 registration Certificate)				
☐ This stall is to raise money for a charitable or comm	his stall is to raise money for a charitable or community nature				
This is an application for the approval of a temporary food stall plan  (Only applicable to City of Karratha residents. This is the first step to registering a food business wishing to operate a food stall at					
temporary locations (e.g. markets and events)).  DECLARATION					
I/we declare that all details in this form are true and correct.  Signature of applicant:  Date:					
OFFICE USE ONLY					
Date:	Fee Received (if applicable): ☐ Yes ☐ No				
Registration: ) ☐ Yes ☐ No	Local Authority Health Officer contacted:				