



Application for Approval to Operate a Temporary Food Stall

All requested information in this form must be submitted **at least fourteen days prior** to the event.

APPLICATION TYPE & FEE (Please tick appropriate box)

<input type="checkbox"/>	This stall is operated by a registered food business (Please submit your current Food Act 2008 Registration Certificate)	No fee
<input type="checkbox"/>	This stall is to raise money for a charitable or community nature	No fee
<input type="checkbox"/>	This is an application for the approval of a temporary food stall plan (Only applicable to City of Mandurah 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).	Fee applies

APPLICANT/ PROPRIETOR OF BUSINESS DETAILS

Trading Name: _____

Full Name/Company Name: _____

Contact Person: _____

Proprietor's Address: _____

Phone: _____ Mobile: _____

Email: _____ Fax No: _____

EVENT DETAILS

Name of event: _____

Location of event: _____

Date/s: _____

Number of persons involved on the day(s): _____

Time of operation: _____

Type of Stall: Trailer Enclosed marquee Roof only (shade sail or similar)

Detailed list of all food products to be sold:

Please return completed form to:

Health Services City of Mandurah PO Box 210 MANDURAH WA 6210	Phone: 9550 3746 (Health Services) Facsimile: 9550 3888 Customer Services: 9550 3777 Email: health@mandurah.wa.gov.au Office Location: 3 Peel Street, Mandurah
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Is food proposed to be:

Prepared by or in conjunction with an approved food premises?

 No Yes*(If yes, please provide the trading name, address, and contact person)*

Prepared in a residential kitchen?

 No Yes*(If yes, please provide details of which food types and the address)*

Packaged prior to sale?

 No Yes*(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)***Type of Equipment** *(Please provide details of your on-site equipment in the right hand column):*

Heating and cooking devices	<i>(e.g. BBQ, Pizza Oven etc.)</i>
Refrigeration/cooling/storage	<i>(e.g. Esky with Ice Packs, mobile cool room)</i>
Hand washing facility	<i>(e.g. Container of potable water with a tap, hand soap, paper towels and bucket to collect waste water)</i>
Utensil washing facility	<i>(e.g. Container of potable water with a tap, detergent and separate container to that used for hand washing to collect wastewater)</i>
Floor covering	<i>(e.g. ground sheet, tarpaulin)</i>
Power source	<i>(e.g. generator)</i>
Water source	<i>(e.g. home, nearest potable water dispenser)</i>
Waste disposal facility	<i>(e.g. garbage bin with a tight fitting lid whilst on site and disposed of an appropriate facility after the event)</i>
Waste water disposal facility	<i>(e.g. nearest sewer)</i>

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:

Yes No

(If yes, please provide name of 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 Food Stall Checklist *(Please tick appropriate box)*

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	

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

DATE: _____

FEE RECEIVED (if applicable): _____

REGISTRATION CURRENT: YES NO

LOCAL AUTHORITY HEALTH OFFICER CONTACTED: _____