



# Application to Operate a Food Stall

**This application is provided to assist the event organiser in meeting Food Hygiene requirements. Please complete and return to the event organiser, prior to the event.**

## 1. Market/Event Location

Market/Event Name: \_\_\_\_\_

## 2. Type of Stall *(please select which applies)*

Registered Mobile Shop    Yes  No     Detail/Licence Ref: \_\_\_\_\_  
Occasional Food Premises    Yes  No     Organisational Certificate:    Yes  No   
Market Stall    Yes  No

## 3. Applicant Details *(please complete in full)*

Full Name: \_\_\_\_\_  
Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

## 4. Food Stall Details *(please complete in full)*

Organisation intending to operate the food stall: \_\_\_\_\_  
Date/s on which food stall is to operate: \_\_\_\_\_

Registered premises where food is prepared: \_\_\_\_\_  
Trained Food Safety Supervisor: \_\_\_\_\_  
Qualification: \_\_\_\_\_  
*(date, level and services provider)*

### Food to be sold (state if pre-packaged)

Packaged				
1. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
4. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Unpackaged				
1. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
4. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Prepared on-site				
1. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
4. _____	Pre-packaged:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Source of food or ingredients (from where the food was obtained):  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Is any storage, preparation or packing of the food to be undertaken by the operator of the food stall?  
Yes  No

If yes, what methods of food safety are in place for prepared food? (e.g. temperatures food stored at, protected by, prepared to order, heated to, prepared with hot/hold facilities, stock rotation etc):

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**5. Site Plan**

Please describe any building, caravan, tent, canopy, cover, screen, umbrella or other shelter, facility or appliance to be used in conjunction with the stall. Also the proposed method and location of food utensils, appliances and equipment:

*Please include a floor plan showing all facilities and equipment below*

**6. Facilities Provided** *(tick all that apply)*

- |                      |                          |                         |                          |
|----------------------|--------------------------|-------------------------|--------------------------|
| Wash hand facilities | <input type="checkbox"/> | Hot storage (>60°C)     | <input type="checkbox"/> |
| Drinking water       | <input type="checkbox"/> | Cold storage (<4°C)     | <input type="checkbox"/> |
| Hand soap            | <input type="checkbox"/> | Frozen storage (<-18°C) | <input type="checkbox"/> |
| Paper towels         | <input type="checkbox"/> | Frozen display (<-12°C) | <input type="checkbox"/> |
| Waste bucket         | <input type="checkbox"/> | Wok                     | <input type="checkbox"/> |
| Table                | <input type="checkbox"/> | Steamer                 | <input type="checkbox"/> |
| Hotplate             | <input type="checkbox"/> | Oven                    | <input type="checkbox"/> |
| BBQ                  | <input type="checkbox"/> |                         |                          |

Other *(please state)*: \_\_\_\_\_

**7. Signature**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application to the **event organiser**