

**APPLICATION FOR APPROVAL TO CONDUCT  
TEMPORARY FOOD STALL**



<b>Stall Name</b>		
<b>Business Name</b>		<b>ABN</b>
<b>Name of Applicant</b>		<b>Set up (please tick)</b> Tent/marquee <input type="checkbox"/> Van <input type="checkbox"/> Other _____
<b>Postal Address</b>		<b>Location of Stall/Vehicle</b>
<b>Phone (business)</b>	<b>Phone (home)</b>	<b>Phone (mobile)</b>
<b>Email</b>		<b>Hours of Operation</b>
<b>Name &amp; Date(s) of event/venue</b>		
<b>List full range of foods to be offered</b>		

Food Safety Supervisor name: \_\_\_\_\_

Certificate Identification \_\_\_\_\_ Expiry date: \_\_\_\_\_

NOTE: A copy of the Food Safety Supervisor Certificate is to be available for perusal on demand by an authorised officer **AT ALL** times the food outlet is operating.

**Off site food preparation area(s) Please attach letter from Home Council**

*Please provide details of the location(s) of any off-site food preparation areas and/or food storage including partial preparation such as chopping and cutting of ingredients must be listed below. Each preparation area must meet food hygiene requirements. Provide written evidence from the Council where the premises are located indicating the premises have been approved for the preparation of food for sale.*

Facility location 1: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Facility location 2: \_\_\_\_\_

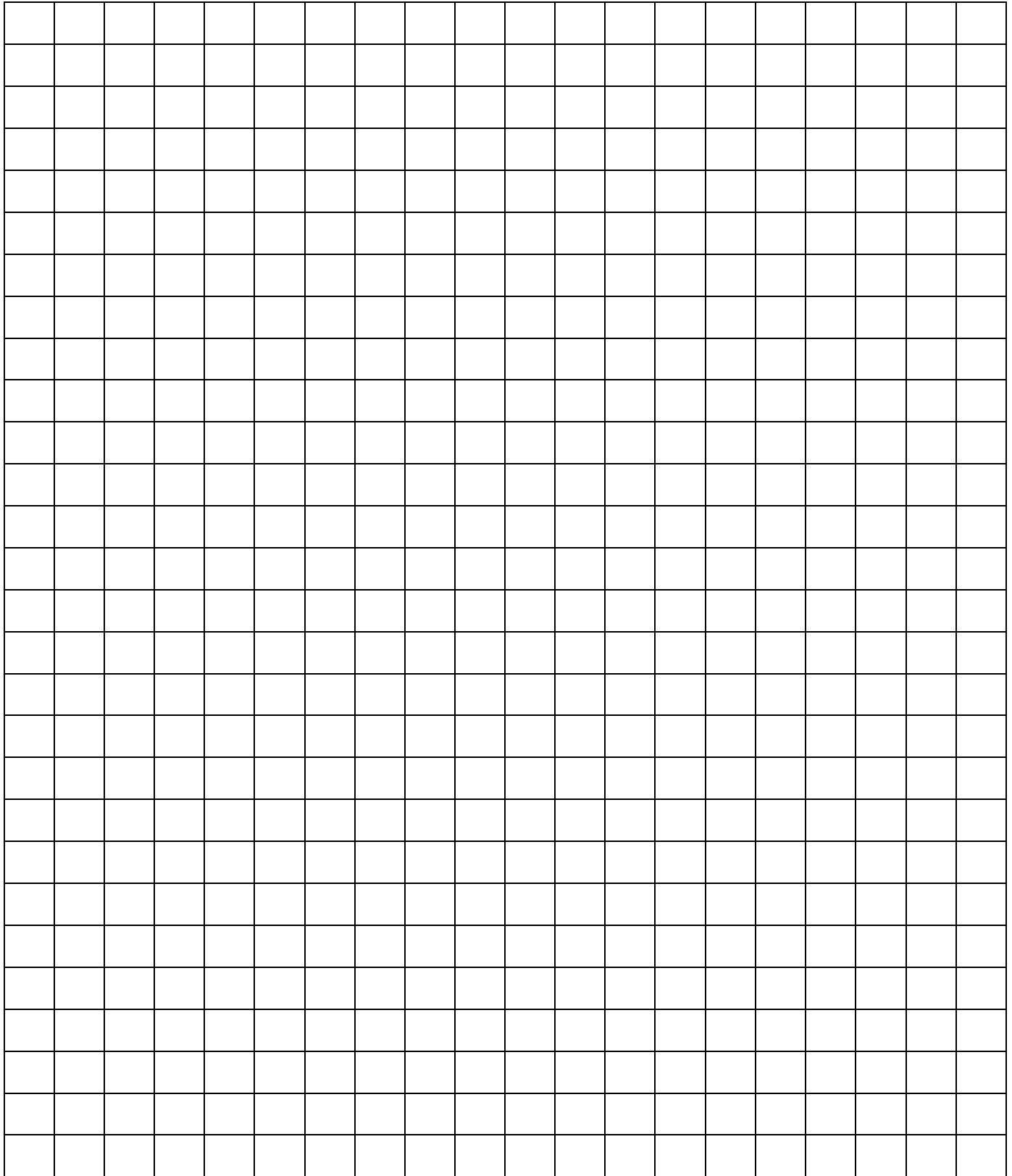
Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

### Food stall construction and layout (Dimensional plan/s)

Please draw a plan of your stall on the grid below. Label each area with the corresponding numbers from the legend below. Please feel free to add any additional areas/items that you may have.

A large grid consisting of 20 columns and 20 rows of squares, intended for drawing a food stall layout.

- |    |                              |     |       |
|----|------------------------------|-----|-------|
| 1. | Hand washing                 | 6.  | ..... |
| 2. | Food preparation area        | 7.  | ..... |
| 3. | Fridge or cold storage       | 8.  | ..... |
| 4. | Equipment washing facilities | 9.  | ..... |
| 5. | .....                        | 10. | ..... |

**Applicant check-list. Please tick  information enclosed**

✓	Information Required with Application	Office Use Only
	<b>Proposed Activity</b> - Detailed submission describing the proposed activity and how the activity will be conducted.	
	<b>Dimensional plan/s</b> drawn at appropriate scale showing the proposed location of the stall from which it is proposed to sell any article in a public place, including locations where stall is likely to occur (PTO)	
	<b>Waste management plan</b> that includes details of the collection, storage and disposal of all waste.	
	<b>Organisers consent</b> – written confirmation from the organiser of the event/venue of your attendance	
	<b>Approval from home Council</b>	

**Note:** Applications which do not contain the above information will be refused.

<p><b>Applicant declaration</b></p> <p>I have read, understood and will fully comply with the NSW Food Authority “<i>Guidelines for food businesses at temporary events</i>” (<a href="http://www.foodauthority.nsw.gov.au/retail/retail-business-types/markets-temporary-events/#.VVIDWmccTGg">http://www.foodauthority.nsw.gov.au/retail/retail-business-types/markets-temporary-events/#.VVIDWmccTGg</a>). I declare that the information provided on this form is accurate, complete and correct. I understand that this is an application and approval of this application is not guaranteed.</p> <p>Name: ..... Signature: ..... Date:.....</p>
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*Please return completed form and attachments to Blayney Shire Council at 91 Adelaide Street, Blayney NSW 2799, - Email [council@blayney.nsw.gov.au](mailto:council@blayney.nsw.gov.au). Should you require any assistance or further information please contact Council's Planning and Environmental Services Department on 02 6368 2104.*

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**Council Office Use Only**

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Application No. IAPP/

**Fees – Job No. 11801020.131**

Application Fee	Amount	Receipt No	Date
Temporary Food Stall Application			

**Customer Service Officer's Check List**

- Submitted and Satisfactory
  Unsatisfactory
  N/A

**EHO's Recommendation:**

- That the application be:
- Approved subject to conditions
  - Refused (refer EHO Comments)
  - S86 Further Information Required

Assessment Officer's Name: \_\_\_\_\_ Date: \_\_\_\_\_