

Food Stall Application for Events, Charities and Markets



Local Government Act 2002
Food Hygiene Regulations 1974

APPLICATION DETAILS

Name of Applicant: _____

Address of Applicant: _____

Company/Trust/Entity Name: _____

Postal Address for Service of Documents: _____

Phone Number: (Work) _____ (Home) _____

Mobile Number: _____ (Fax) _____

E-mail Address: _____

Permit Type (tick) Annual permit for Events Market Single Event

Event/Market **REMARKABLES MARKET 2014 15** Date **25 Oct 2014 until 18 April 2015**

Location **REMARKABLES MARKET**

DESCRIPTION

1. Describe goods to be sold at the stall - please note that your permit will be for only those foods you have outlined (e.g. sandwiches, cakes, vegetables etc):

2. Describe the level of preparation of food at the stall (e.g. preparation of raw ingredients, types of cooking, heating or hot holding):

3. All foods must be prepared within a registered kitchen (there is an exemption for charities/ non-profit making organisations making low risk foods). Complete the following details and, if applicable, provide written evidence of permission to use the premises from the operator:

Food Premise Name and registration number: _____

Local Authority where registered: _____

4. Name any food premises that you are buying food from:

5. Describe your arrangements for hand washing:

6. Describe the arrangements for cleaning of utensils, equipment and surfaces etc:

7. Describe the means of temperature control at the stall and in transit to/from the event:

8. Describe how the food will be stored and displayed so as to protect it from contamination:

9. Outline any other food handling provisions that will be put in place:

10. Outline your water supply details (i.e. council reticulated or private supply) and how you are storing water:

11. Outline the provisions that have been made for the disposal of wastes, including waste water, refuse and food waste:

LAYOUT PLAN

This plan must include work surfaces, refrigeration, food storage, cooking facilities, hand washing, cleaning.

Signature of Applicant: _____

Date: _____

Please complete and return to Queenstown Lakes District Council

The prescribed fee (\$50 per day or \$300 for an Annual Permit) – Only relevant to high risk businesses located outside of the district.

OFFICE USE ONLY

Name of Environmental Health Officer: _____

Date Approved: _____ Signature: _____

Conditions: _____

Contact Details:

Queenstown Lakes District Council

Phone: 03 441 0499

Email: services@qldc.govt.nz

Private Bag 50072

10 Gorge Road

Queenstown