THOROUGHFARES AND PUBLIC PLACES LOCAL LAW 2012 APPLICATION FOR STALLHOLDER'S PERMIT FOOD

(IF THIS APPLICATION IS FOR MOBILE FOOD BUSINESS, PLEASE USE THE TRADERS FORM)

APPLICANT DETAILS

Name of Applicant:	First Name:						
	Last or Family Name:						
Postal Address:							
Residential Address:							
Telephone:(Home):		(Mobile):	Fax:				
(Business):		E-mail:					
Are you a fundraisinç	g organisation for charity	or a community group?(see overleat	for definition)	No □ Yes □			
Name of organisation	1:						
Address of organisat	ion:						
Contact Phone Numb	per of organisation:						
Are you a registered	No □ Yes □						
NOTE – All food businesses must be registered by their local government authority (LGA), unless exempt. If your LGA is <u>not</u> in the City of Gosnells, please attach a copy of your Certificate of Registration.							
Name of registered for	ood business:						
DETAILS OF PROP	POSED STALL						
Name of Stall:							
Location of Stall:							
Date of Event/s:							
Name of Event/s:							
Hours of Operation:							
List of all food and dr	rink products to be sold:						
Type of food prepara	tion/handling:						
		a registered food business, or re erves, muffins, packaged drinks	sidential re	gistered food			
Name of registere	ed food business:						
□ Low/medium – fresh or packaged ingredients obtained from a registered food business ready for preparation or use e.g. hot drinks, ice cream, bbq sausage sizzles, pizza							
☐ Medium/high ris meat curries, risol Name of registers	tto	a registered food business for o	nsite cooki	ing or reheating e.g.			

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CITY OF GOSNELLS

Please tick to confirm whether the proposed stall has the following facilities											
	a roof, three walls, cleanable impervious floor (if on unsealed ground) Note: Open food stalls consisting of tables only or tables and trestles, shall be used only for the sale of factory pre-packaged food in hermetically sealed containers										
	a dedicated dishwashing facility with detergent and sanitiser*										
	☐ a hand washing facility with running water, soap, disposable paper towels*										
*A large container of sufficient volume must be provided to catch waste water after each use and to store for appropriate disposal.											
	Cooki	ng appliance/s:	_								
	Hot di	isplay:	_								
	Refrig	erated storage:	_								
	Refrig	erated display:									
Pov	ver sup	ply:		Self-contained		External (please s	pecify)				
Wa	ter supp	oly:		Self-contained		External (please s	pecify)				
Wa	ste wat	er disposal:		Self-contained		External (please s	pecify)				
APPLICATION FEES											
Exempted food business Exempt - a community or charitable organisation selling either low risk, shelf stable food or food which is thoroughly cooked onsite for immediate consumption											
	Comr	mercial operate	or			Appli	cation Fee	\$69.00			
	All otl	her operators ot	her tha	an exempted food bus	inesse	•	oer day	\$17.00			
						•	oer week	\$69.00			
						•	per month	\$137.00			
						Fee p	per annum	\$1,407.00			
ES	SENTI	AL DOCUMEI	ITATI	ON							
Ple	ase en	sure that you a	tach ti	ne following informat			to assist with	n the			
processing of your stall holder's permit in time for your event:											
	□ Copy of current Public Liability Insurance Certificate – minimum cover \$10,000,000										
	_ ``										
☐ Plan of the proposed stall											
☐ Written consent from the owner of the property (if you are not the owner)											
Sig	Signed: Date:										
Applications must be lodged at least 14 days prior to the event, or they may not be processed.											
Definition: "charitable organisation" means an institution, association, club, society or body whether incorporated or not, the objects of which are of a charitable, benevolent, religious, cultural, educational, recreational, sporting or other like nature and from which any member does not receive any pecuniary profit except where the member is an employee or the profit is an honorarium.											

Please forward your completed form and application fees to the City of Gosnells, 2120 Albany Highway, Gosnells WA 6110 or by mail to PO Box 662, Gosnells WA 6990 [For clarification or assistance please contact City of Gosnells Health Services 9397 3000]

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