

I/We the undersigned, hereby apply to **Register a Food Stall or Event for the period ending** \_\_\_\_\_ **under the provisions of the Food Act 1984 the food premises described hereunder:**

**Please return this application to any of Latrobe City Council's service centres ten working days prior to the proposed operation of the food stall or event to allow time for certificate to be mailed out.**

***Stall Holder Details***

<b>Trading Name of Business:</b>	
<b>Business owner or contact Person:</b>	
<b>Postal Address:</b>	
<b>Telephone: Business</b>	<b>Home</b>
<b>Fax</b>	<b>Mobile</b>
<b>Email:</b>	

***Event Co-ordinator Details (If Applicable)***

<b>Event</b>	
<b>Location:</b>	<b>Date(s) and times:</b>
<b>Name of Organisation and Event Co-ordinator:</b>	
<b>Postal Address:</b>	
<b>Telephone: Business</b>	<b>Home</b>
<b>Fax</b>	<b>Mobile</b>
<b>Email:</b>	

***Stall Dates and Locations***

<b>Stall</b>	<b>Date</b>	<b>Location/event</b>	<b>Time</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Has permission been obtained from property owner/event organiser?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the Event or Food stall be held on Latrobe City Council property	YES <input type="checkbox"/> (Indemnity form required)	NO <input type="checkbox"/>
Latrobe City Council Indemnity form attached	YES <input type="checkbox"/>	N/A <input type="checkbox"/>

### ***Food Stall Details***

<b>Type of Operation</b>				
Stall <input type="checkbox"/>	Mobile Unit/van <input type="checkbox"/>	Stand <input type="checkbox"/>	Tent/Marquee <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Description of Food to be sold at Stall:</b>				
<b>Please indicate which of the following you sell directly or will be using as ingredients:</b>				
<input type="checkbox"/> Milk/Milk Products	<input type="checkbox"/> Poultry	<input type="checkbox"/> Salads/Rice Dishes		
<input type="checkbox"/> Egg Products	<input type="checkbox"/> Fish/Fish Products	<input type="checkbox"/> Meat - Raw		
<input type="checkbox"/> Ice-cream	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Meat - Cooked		

### ***Preparation of Food***

At outdoor stall or event	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In an indoor event venue or hall kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In registered mobile food van	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In a domestic kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At a commercial registered premise or kitchen:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other - provide description:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### ***Transport of food***

<b>Will the food be delivered to the site by a separate supplier?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>YES</b> , what arrangements will be made for its reception?		
If <b>NO</b> , How will food be transported to the site?		

## Storage of food

Will the food be stored at another location? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES please describe location	
Anticipated length of time food storage on site	Hours / days
Please indicate method of Storage at the event or stall	
Hot food	
Cold food	

## On site Facilities

<input type="checkbox"/> Refrigerator(s)	<input type="checkbox"/> Freezer(s)	<input type="checkbox"/> Deep Frier(s)
<input type="checkbox"/> Oven(s)	<input type="checkbox"/> Grill(s)	<input type="checkbox"/> Microwave(s)
<input type="checkbox"/> Sink(s)	<input type="checkbox"/> Hand Wash Basin(s)	<input type="checkbox"/> Other (please specify):

Please indicate power sources:	
<input type="checkbox"/> LPG	<input type="checkbox"/> Electrical Generator
<input type="checkbox"/> Other (please specify):	

## Food Handler Knowledge and skills (if applicable)

Names of employees or volunteers	Details of Training
	Course:
	Provider:
	Date:
	Course:
	Provider:
	Date:

## Type of Food Safety Program

<b>Food Event Food Safety Program Template</b>  Pages 2 and 3 from Food Event FSP Template attached	YES <input type="checkbox"/>
<b>Full Food Safety Program</b> (Required only for more than 12 stalls/events where high risk foods are sold – check with Environmental Health Section if you are not sure)	YES <input type="checkbox"/> Please fill in details below
<b>Exemption From Lodging Food Safety Program (Pre-approved by Environmental Health Officer)</b> <b>Please Note:</b> FSP Exempt premises are those that sell only pre packaged low risk food. (This is food obtained from an approved supplier already in the package.) Low risk food <u>DOES NOT</u> include packaged milk, meat, poultry, fish or other foods that are required to be kept hot or cold. However, it does include pre-packaged frozen ice-cream products.	YES <input type="checkbox"/>

**Full Food Safety Program Details (complete if applicable)**

Food Safety Supervisor Name:	
FSS Certificate copy Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal Address:	
Telephone: Business	Home
Fax	Mobile
Email:	

**Non profit organisations.**

Main purpose of the business: (State whether business is a registered charity or not for profit organisation)	
Copies of Certificate or documentation attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Registration with another Council**

Copy of current certificate of registration attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of food safety program and food safety supervisor certificate attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Fees: tick applicable box**

A \$15 application fee applies to all businesses that are not registered with Latrobe City Council, not for profit organisations/charities and businesses registered elsewhere.

1 day	\$62.00 (includes \$16 application fee)	<input type="checkbox"/>
	\$16 Application fee only	<input type="checkbox"/>
2 to 3 days	\$82.00 (includes \$16 application fee)	<input type="checkbox"/>
	\$16 Application fee only	<input type="checkbox"/>
4 to 12 days	\$124.00 (includes \$16 application fee)	<input type="checkbox"/>
	\$16 Application fee only	<input type="checkbox"/>

I \_\_\_\_\_ have read all the enclosed information regarding the sale of food at a food stall or event and I agree to abide with all the requirements. I understand that during the function Environmental Health Officers may be present and they reserve the right to stop the sale of food items on the spot if I am not adhering to these requirements.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Statement**

This information is collected under the requirements of the Food Act 1984 for enforcement and Public Health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Privacy Principles and the Information Privacy Act.

OFFICE USE ONLY
Approved by : _____
Date approved : _____

OFFICE USE ONLY
Ledger No : R 5601 1375 0000
Date Paid : _____
Receipt No : _____
Amount: _____



**Latrobe City** ABN 92 472 314 133  
**Telephone** 1300 367 700  
**Facsimile** (03) 5128 5672  
**Post to** PO Box 264 Morwell Vic 3840  
**Email Address** latrobe@latrobe.vic.gov.au  
**Internet** www.latrobe.vic.gov.au  
**AUSDOC** DX 217733 Morwell

**Moe** 44 Albert Street  
**Morwell** 141 Commercial Road  
**Traralgon** 34-38 Kay Street

(\*Please fill in form below if stall is being conducted on Latrobe City Council property eg footpath.)

**FORM OF INDEMNITY**

THIS INDEMNITY is given the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by the \_\_\_\_\_ (hereinafter called "the Indemnifier") to LATROBE CITY (hereinafter called "the Council")

WHEREAS the Indemnifier has applied to the Council for authority to use portion of a road or other public area within the Municipal district under the Council's street, roads and other public places Local Law.

NOW THIS INDENTURE WITNESSES that in consideration of the Council granting such authority the Indemnifier INDEMNIFIES and will KEEP the Council INDEMNIFIED against any and for all damage to or loss of any equipment and property owned by or under the control of the Council or in adjacent to the area wherein such \* \_\_\_\_\_ is situated and against any claim arising out of all injuries and damage suffered by any person whatsoever including the Indemnifier or employee or agent or sub-contractor or any customer of the Indemnifier, or any member of the public, resulting from the use of the said area in the manner and for the purposes aforesaid.

SIGNED SEALED AND DELIVERED by the )  
 Said )  
 in Victoria )

OR

THE COMMON SEAL OF )  
 was hereunto affixed in )  
 accordance with its Articles )  
 Association in the presence of )

Director: \_\_\_\_\_ Secretary: \_\_\_\_\_

\*Insert what the Permit has been applied for.