

Application for approval to operate a food stall



**SOUTH WAIRARAPA
DISTRICT COUNCIL**
PO Box 6, Martinborough 5741
Telephone (06) 306 9611
Fax: (06) 306 9373

Name of organisation intending to operate the food stall:
Details of person in charge:
Name:
Address:
Phone No:
Email Address:

Date(s) and times on which the food stall is intended to operate:
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Location at which the stall is intended to operate:
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Foods to be sold (state if pre-packaged)

Source of food (from where the food was obtained?)

Is any storage or preparation of the food to be undertaken after it is obtained by the operator of the food stall? Yes No

If Yes – where and how will the storage or preparation of the food take place?

Proposed method and location of food utensils, appliances and equipment:
(Please include a floor plan showing all facilities and equipment)

What facilities are to be provided at the food stall?

Table	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hot Storage (>60°C)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hot plate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cold Storage (<4°C)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BBQ	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Wok	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Oven	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Steamer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Other (state)

What arrangements have been made for toilet use and hand washing?

Please describe any building, caravan, tent, canopy, cover, screen, umbrella or other shelter, facility or appliance to be used in conjunction with the stall:

Signature of applicant:..... Date:.....

OFFICE USE ONLY

Approved: Yes No Date..... Signed.....