



How to submit this form

Email it to <u>info@capel.wa.gov.au</u> Post it to PO BOX 369, Capel, WA 6271 Hand deliver it to the Shire Administration building, 31 Forrest Road, Capel

Applicant Details

Title:	Given name(s):	Surname:	
Business Nai	me:		
Postal Addre	ss:		
Phone:			
Email:			

Trading Details

Please tick:	Fundraiser/Community group	☐ Stalls	One off Food Handling	
Period applying for:	Date From:	Date From:		
	Date To:	Date To:	Date:	
Purpose for apply	ing for a Temporary food permit	•		
Event/ Venue/Loc	ation (s) you want to trade at:			
Description of equ	Description of equipment, structure or vehicle proposed to be used by applicant:			
Size:		Material:		
Area required in m2: (Including tables and chairs)				
Equipment:				
No of assistants:				



Name of persons assisting in trade:		
1.		
2.		
3.		

Additional Information

Addresses of Premises where food will be prepared (p	prior to sale)	
What type of food is intended to be sold?		
Is the food that you provide: produce man	ufacture ready to eat	when sold to the customer?
How is the food protected and transported?		
How will hot foods be kept at 60C or above or cold foo	ds kept at 5C or below	?
What hand washing facilities are provided?		
Describe the construction of the premises where food	is being sold (Flooring	J, walls, roof, vehicle etc.)
What food and utensil washing facilities are provided?	•	
Has electrical equipment been tested and tagged?	Yes No	□ N/A
Any other comments you would like to make?		



Please tick:

I have provided an accurate plan and description of all proposed stand, structure or vehicles which may be used for the proposed trading (please include photographs where possible) to <u>info@capel.wa.gov.au</u>

☐ I have made arrangements in respect of public liability insurance to the minimum value of ten (10) million dollars prior to issue of permit.

Declaration

I hereby confirm that I indemnify the Shire of Capel in respect of any injury to any person or any damage to any property which may occur in connection with the use of the public place by the undersigned, I hereby apply for a permit for a Stallholder as detailed in this application and do agree to abide by all conditions imposed in the permit and relevant legislation.

Signature of applicant:	Date:
Applicant name:	

Fees

Permit Application Fee (paid annually)	\$
Daily Fee	\$
Weekly Fee	\$
Monthly Fee	\$
Annual Fee	\$

Office Use Only

Date Received:	Approved:	☐ Yes	No
Accepting Officer:	Authorising Officer:		
Amount Paid:	\$ Premises Code:		
Receipt Number:			



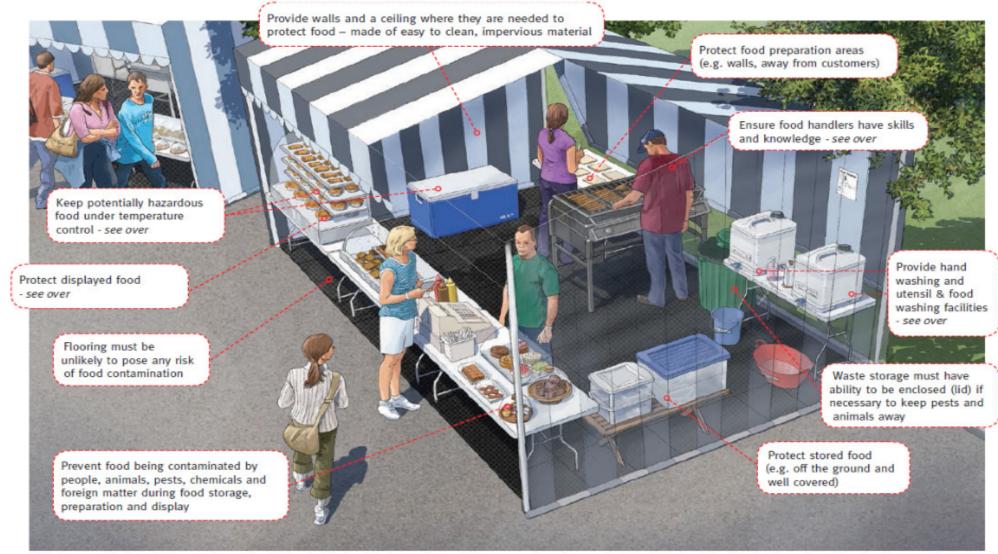
Checklist

Complete form and email to info@capel.wa.gov.au
Paid the required fees
Accurate site plan and description of the proposed food stall
Detailed description of the types of foods proposed to be sold from the food stall
Details of where food will be prepared and stored
Demountable covered food stall – floor, roof, 3 sides
Food storage above ground and covered
Hand wash facilities
Washing up facilities
] Warm water
] Liquid soap and paper towels
Detergent and food grade sanitiser
Refrigeration – cold foods below 5°C
] Hot food storage above 60°C
Rubbish bins
] Thermometer
] Single use eating and drinking utensils
Food protected from contamination
Fire extinguisher/fire blanket

Please see diagram for example of how to setup for a stall. If you have any further question, please contact an Environmental Health officer on 97 270 222.



Guide for the design and operation of a temporary food premises (stall



This document is for guidance only and is not legally binding. Each premises will be assessed on its own individual food safety risks by the relevant local enforcement agency. Other requirements may also apply (e.g. LPG use, fire control, waste disposal) – seek advice from your local enforcement agency.

Image courtesy of City of Gold Coast







Hand washing facilities

Utensil and food washing facilities

Food handlers

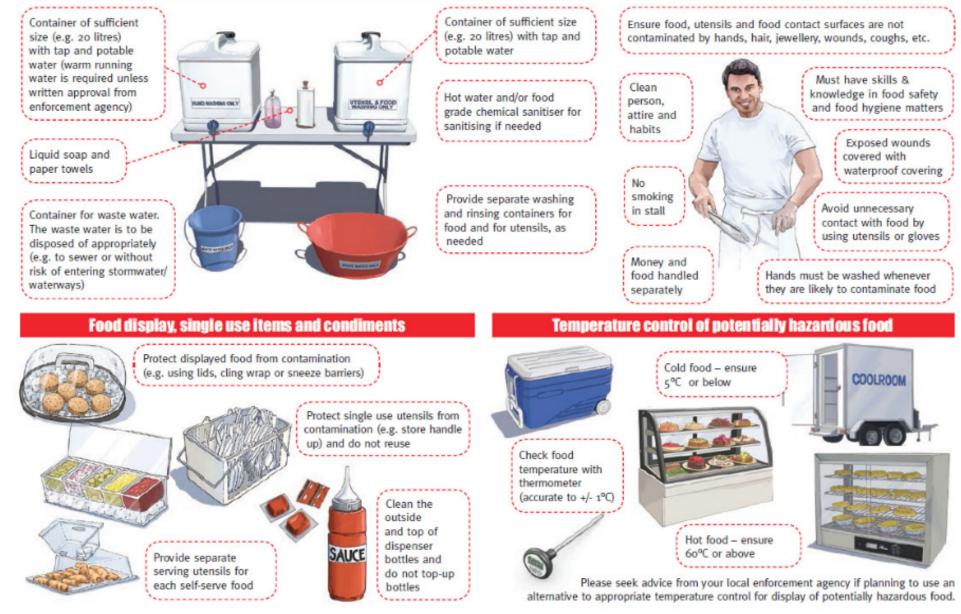


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