

Event Food Stall Application Form

This form is to be used for occasional events such as cake stalls as well as food stalls at larger events such as fairs, festivals or monthly markets. **PLEASE PRINT CLEARLY.**

1. Name of event:.....
2. Date of event:.....
3. Name of stall holder:.....
4. Contact phone number:.....
5. Postal Address:.....
.....
6. Email address:.....
7. Are you selling food for fundraising purposes? YES NO
8. If YES, please state the beneficiary.....
9. What type of food will you be selling?.....
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10. If you are using/cooking meat, fish or shellfish please list your suppliers of these products.....
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11. Where will the food be prepared?.....
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.....

12. Do you sell food at other events? YES NO

13. If YES, please list other events that you trade at.....
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14. Please describe how you will keep perishable food and ingredients cold (If applicable)
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15. Please describe how you will keep cooked foods hot, above 60°C (if applicable).....
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16. Please describe how you intend to handle the food e.g. with tongs, gloves etc.....
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17. Will food handlers also be handling money? YES NO

18. What hand hygiene facilities will you have available? **TICK ALL THAT APPLY**

- Container of water (with tap), bowl & antibacterial soap
- Antibacterial (alcohol) hand sanitiser
- Disposable hand towels
- Gloves

19. How will the food be served or packaged? (e.g. wrapped in clingfilm, served on a paper plate).....

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20. How will you provide customers with information about the ingredients of your food (e.g. have a list of ingredients available, labelling on packaging).....

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The information given above is correct at the time of completion and I will endeavour to adhere to all practices as described. I understand that if, at any time during the event, in the opinion of the Council's Environmental Health Officer, Public Health's Health Protection Officer or the event organisers, food safety is considered to be compromised, my stall will be closed until the problem is rectified.

Name:.....

Signed:.....

Date:.....

Please return this application form at least five (5) working days before your event to:

**Environmental Health Officer
 Horowhenua District Council
 Private Bag 4002
 Levin 5540**

Fax: 06 3660983

Email to: enquiries@horowhenua.govt.nz