



TOWN OF VINCENT

**FOOD ACT 2008, FOOD REGULATIONS 2009 and
AUSTRALIA NEW ZEALAND FOOD STANDARDS CODE
TEMPORARY FOOD PREMISES APPLICATION
HYDE PARK COMMUNITY FAIR 6 & 7 MARCH 2011**

Please return to:

Health Services

PO Box 82, LEEDERVILLE, 6902

Telephone: (08) 9273-6533

Facsimile: (08) 9273-6099

E-mail: mail@vincent.wa.gov.au

PROPRIETOR/BUSINESS DETAILS

PROPRIETOR NAME: _____

POSTAL ADDRESS: _____

ABN: _____

TRADING NAME: _____

PHONE: _____ A/H: _____ FAX: _____

EMAIL: _____

PRIMARY LANGUAGE SPOKEN: _____ TOTAL NUMBER OF STAFF TRADING: _____

HAS ANY STAFF MEMBER COMPLETED FOOD SAFETY TRAINING? YES / NO

HAS APPROVAL TO TRADE BEEN GIVEN BY ANOTHER LOCAL GOVERNMENT IN THE PAST?

YES*/ NO **If Yes, please attach Certificate of Registration*

NAME OF PERSON IN CHARGE AND TITLE (if different from proprietor):

DETAILS OF ANY OTHER ASSOCIATED FOOD PREMISES: (i.e. Food Transport Vehicle/Manufacturing) _____

EVENT DETAILS

DETAILS OF STALL/VEHICLE STRUCTURE (including vehicle registration number):

TYPES OF PRE-PACKAGED FOOD TO BE SOLD: _____

DETAILS OF PREMISES WHERE FOOD IS PURCHASED or PREPARED or PACKAGED: _____

TYPE OF PERMIT REQUIRED FOR THE TEMPORARY FOOD PREMISES

FOOD STALL – FOOD PREPARATION ON-SITE FOOD VAN - FOOD PREPARATION ON-SITE

FOOD STALL – NO FOOD PREPARATION ON-SITE FOOD VAN – NO FOOD PREPARATION ON-SITE

FOOD STALL – PRE-PACKAGED FOOD ONLY



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CONDITIONS

I/We the applicant(s) agree to:

- Abide by all conditions and timeframes detailed in the Town of Vincent Temporary Food Premises Guidelines;
- Where applicable, sell food which is appropriately labelled (ie. ingredients and use-by date marked), undamaged, re-packaged food/drink obtained from a reputable supplier/producer;
- Ensure that the food premises is set up and operated in accordance with the requirements of relevant the Food Act 2008 and the Food Standards Code for both the structure and food safety practices utilised at the stall;
- Not to commence trading until receiving a Special Events Permit from the Town of Vincent.
- Immediately abide by the direction of an Environmental Health Officer or Event Organiser advising me to cease trading.
- Check that the proposed location of the food stall is appropriate so as not to adversely affect the food, safety and quality (*please attach a diagrammatic layout of your temporary food premises – refer to Appendix 2 of the Town of Vincent Temporary Food Premises Guidelines for further information*).

I/We the applicant(s) have read AND understood the above conditions, and acknowledge that any non-compliance identified may result in approval being refused, and a Special Event Permit to trade not being issued.

SIGNATURE OF APPLICANT(S): _____ DATE: _____

APPLICABLE FEES

FOOD STALL PERMIT

FOOD PREPARATION ON-SITE - \$70.00

NO ON-SITE FOOD PREPARATION - \$55.00 (ALL FOOD MUST BE PREPARED AT AN APPROVED FOOD PREMISES)

PRE-PACKAGED FOOD ONLY - \$35.00

FOOD VAN PERMIT

FOOD PREPARATION ON-SITE - \$160.00

NO ON-SITE FOOD PREPARATION - \$85.00 (ALL FOOD MUST BE PREPARED AT AN APPROVED FOOD PREMISES)

LATE FEES

Applications for temporary food permits for the Hyde Park Community Fair close on **18 February 2011**. Submissions received after this time will incur a late fee of 10% of the application fee per day up to a maximum penalty of 50%.

Late Fee					
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	5+	<input type="checkbox"/>		



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**TEMPORARY FOOD PREMISES
PAYMENT FORM
HYDE PARK COMMUNITY FAIR
6 & 7 March 2011**

PAYMENT OPTIONS

IN PERSON: 244 VINCENT STREET, LEEDERVILLE 6007
Monday to Friday between 8.00am – 5.00pm

BY MAIL: TOWN OF VINCENT, PO BOX 82, LEEDERVILLE 6902
Do not send cash through the mail. Complete the Credit Card Payment details below, or forward a cheque or money order made out to the Town of Vincent.

CREDIT CARD PAYMENT DETAILS:

Please complete the following details, and submit the form in its entirety to the Town of Vincent. Please note American Express and Diners Club are not accepted.

Credit Card Number: _____ / _____ / _____ / _____

Card Expiry Date: _____ / _____

Please debit my Credit Card with the amount of : \$ _____

Cardholder's Name and Signature
(as shown on the Card): _____



**Please note: these
fees apply for
2010-2011 only**

Your signature hereon is authority for us to issue a sales voucher for the full amount (shown in the space provided above) and an acknowledgement that the sales voucher, if endorsed "Mail Order", to be treated as having been duly signed by the cardholder. Please forward the entire form with the details clearly completed.

OFFICE USE ONLY

RECEIPT CODE: 280

FILE NO: ENS0114