

Market Food Stall

Commercial Use of Council Controlled Areas or Roads

New Application

Local Law No.1 – Administration, Subordinate Local Law No. 1 (Administration) 2016 – Schedule 8

Please call us if you have any questions about fees or how to complete this form. Type or print in **BLOCK LETTERS** and select boxes where applicable. Enter 'N/A' if the question does not apply.

APPLICANT			
	profit organisation* Company		
Full name			
Company			
Director's name	ABN		
Trading/Stall name			
Contact person (if not above)	Phone/mobile		
*Please attach a copy of incorporation certificate.			
INDIVIDUAL / PLICINECC			
INDIVIDUAL/ BUSINESS			
Street address			
Locality/ Suburb	State Postcode		
Postal address			
Locality/ Suburb	State Postcode		
Email			
Phone	Mobile		
MARKET			
Market name			
Market address			
Locality/ Suburb	State Postcode		
Education 1	State		
OPERATION			
Provide details of food to be sold/provided (once ap	pproved only goods/services listed can be sold).		
Is all food prepared within the market stall?	☐ Yes ☐ No, please provide details		
Name of Premises	,,,		
	Food Business Licence Number		
*If premise is outside Cook Shire Council, a copy of the food busine *Note: Food not prepared in the stall must be done in a licensed kir			

OPERATION continued
*A Food Business Licence is required to sell food (except whole fruit and vegetables). Safe Food Accreditation may be required. Please contact Council for more information.
Which food handling activities best describes your operation at the market? (Please tick all that apply)
\square Storage \square Reheating \square Cooking \square Serving
☐ Cold Display ☐ Thawing ☐ Producing ☐ Handling
☐ Hot Display ☐ Preparation (e.g. chopping, cutting mixing items) ☐ Processing (including blending)
☐ Other
Will you be displaying signage or advertising material? Yes No *If yes, provide details. Signage or advertising may need approval. Please attach copies of approvals if applicable.
il yes, provide details. Signage of advertising may need approval. Please attach copies of approvals il applicable.
HOURS OF ORENATION
Type of Approval: One Day One Year
Type of Approval:
What dates and times will you be operating?
What dates and times will you be operating.
PREMISES SETUP (must be completed if you are selling food other than whole fruits and vegetables)
Type of premises Stall Vehicle (Please complete mobile food vehicle section) Other (specify)
Stall Structure (e.g. gazebo, marquee, tent, awning, under a solid roof)
How will you secure the stall structure?
What materials are your ceiling, walls and flooring? (e.g. sheet metal, mesh curtain)
(e.g. sheet metal, mesh cartain)
How will you power your cooking, food storage or food display equipment (if applicable)?
☐ Gas ☐ Generator ☐ Other (please specify)

FOOD HANDLING OPERATION		
How will you store cold food during transportation? (e.g. Esky, mobile refrigeration unit)		
How will food be protected from contamination during transportation?		
now will look be protected from contamination during transportation:		
How will you store or display cold food? (e.g. Esky, display unit)		
How will you store or display hot food? (e.g. bain marie or pie warmer)		
Thow will you store or display hot rood. (e.g. built mane or pie warmer)		
How will you store or display dry/liquid food? (e.g. sauces, chocolates)		
FOOD VENDORS CHECKLIST (you are responsible to provide the following items)		
☐ Temperature measuring device		
☐ Single-use straws/utensils stored handle up or individually wrapped		
☐ Disposable food packaging is protected before use		
☐ Hand wash facilities supplied with a minimum 20L of potable water dispensed via a tap		
\square Hand wash facilities provided with a container to collect wastewater		
\square Hand wash facilities provided with liquid soap and paper towels		
☐ Waste water disposal (Disposing of waste water at the markets site is prohibited)		

FOOD VENDING VEHICLES ONLY (only if you sell food directly for	m your vehicle)			
Type of vehicle				
Make	Model			
Colour	Registration Number			
Storage address (when vehicle is not in use)				
Locality/Suburb	State	Postcode		
Premises address				
Locality/ Suburb	State	Postcode		
*if using additional vehicles such as a trailer, cooler van etc, attach det	ils			
DECLARATION				
I understand Cook Shire Council cannot be held liable in a	y way including for ne	ersonal injury death		
damage to property, or economic loss, as the result of the knowledge, the information provided in this application is	pproval of this propos			
Applicant's Signature	Date			
You are providing personal information which will only be used for Council business acti information is managed in accordance with the <i>Information Privacy Act 2009</i> , will odisseminated unless you have given Council permission to do so or the disclosure is required.	y be handled by persons author			
SUPPORTING DOCUMENTS (Indicate below the supporting docu	nents you have attached t	o this application)		
☐ Provide a floor plan of your stall i.e. layout to include	equipment			
A copy of Food Business Licence , if your business act food (except for whole fruits and vegetables)	vity involves preparing	g or selling unpackaged		
A copy of any relevant statutory permits, authorisations or approvals e.g. Safe Food Accreditation				
A copy of the current registration certificates for each vehicle proposed to be used in your operation, including trailers, cool room etc.				
 Details of any signage you intend to display and how it will be secured 				
A copy of your Public Liability Insurance (Minimum \$20 million)				
LODGEMENT OPTIONS				
When you have signed and dated this form, please lood documents required at the council office, in person, emyou will receive an approval certificate. Cook Shire Council 10 Furneaux Street (PO Box 3) Cooktown, Qld 4895 Phone: 07 4082 0500 Email: mail@cook.qld.gov.au Website: www.cook.qld.gov.au				
OFFICE USE ONLY		G/L: 2050.110.11		
Application fee Approv	issued Yes	No		
Date paid Receipt	umber			
Received by Received	by			