



Market Food Stall

Commercial Use of Council Controlled Areas or Roads

Renewal 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.

Existing approval number

APPLICANT

Title Mr Mrs Ms Non-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/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

OPERATION

Provide details of food sold/provided (*once approved 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 business licence must be provided.

*Note: Food not prepared in the stall must be done in a licensed kitchen.

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)*

- Storage Reheating Cooking 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.*

HOURS OF OPERATION

Market start and end date: to

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)*

How will you power your cooking, food storage or food display equipment *(if applicable)*?

- Gas Generator Other *(please specify)*

FOOD HANDLING OPERATION

How do you store cold food during transportation? *(e.g. Esky, mobile refrigeration unit)*

How is food protected from contamination during transportation?

How is cold food stored and/or displayed? *(e.g. Esky, display unit)*

How is hot food stored and/or displayed? *(e.g. bain marie 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
- Hand wash facilities provided with a container to collect wastewater
- Hand wash facilities provided with liquid soap and paper towels
- Waste water disposal *(Disposing of waste water at the markets site is prohibited)*
- Electrical leads tested and tagged

FOOD VENDING VEHICLE ONLY (only if you sell food directly from your vehicle)

Type of vehicle	<input type="text"/>		
Make	<input type="text"/>	Model	<input type="text"/>
Colour	<input type="text"/>	Registration Number	<input type="text"/>
Storage address (when vehicle is not is use)	<input type="text"/>		
Locality/ Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Premises address	<input type="text"/>		
Locality/ Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

*if using additional vehicles such as a trailer, cooler van etc, attach details

DECLARATION

I understand Cook Shire Council cannot be held liable in any way, including for personal injury, death, damage to property, or economic loss, as the result of the approval of this proposal. To the best of my knowledge, the information provided in this application is correct.

Applicant's Signature Date

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

SUPPORTING DOCUMENTS (Indicate below the supporting document you have attached to this application)

- Provide a floor plan of your stall i.e. layout to include equipment
- A copy of **Food Business Licence** if your business activity involves preparing or selling unpackaged food (except for whole fruits and vegetables)
- 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 lodge it with the fees and all the supporting documents required at the council office, in person, email or post. If your application is successful, you 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: 2050.110.118

Application fee	<input type="text"/>	Approval issued	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date paid	<input type="text"/>	Receipt number	<input type="text"/>
Received by	<input type="text"/>	Received by	<input type="text"/>
	Name		Signature