

# Application to Sell Food

## TEMPORARY FOOD PREMISE

TO: HEALTH AND ENVIRONMENTAL SERVICES

NAME OF EVENT: \_\_\_\_\_

DATE/S OF EVENT: \_\_\_\_\_

VENUE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

TRADING NAME: (if applicable) \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE No.: (H): \_\_\_\_\_ (Wk): \_\_\_\_\_

(Mob): \_\_\_\_\_ (Fax): \_\_\_\_\_

DESCRIPTION OF FOOD VEHICLE / FOOD STALL: \_\_\_\_\_

VEHICLE REGISTRATION NUMBER: \_\_\_\_\_

LIST OF ALL FOOD TYPES TO BE SOLD: e.g. drinks, jams, hot dogs etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILS OF WHERE FOOD IS PREPARED/PACKAGED/GROWN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE, IF FOOD IS PREPARED/STORED AT HOME THEN PRIOR APPROVAL FROM YOUR LOCAL AUTHORITY NEEDS TO ACCOMPANY THIS APPLICATION FORM.



DETAIL HOW YOU WILL KEEP HOT FOOD HOT AND COLD FOOD COLD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILS OF HOW FOOD WILL BE STORED ON THE DAY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAILS OF HOW FOOD WILL BE TRANSPORTED TO THE SITE ON THE DAY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN APPROVED TO SELL FOOD BY THE CITY OF JOONDALUP OR ANOTHER LOCAL AUTHORITY? IF SO, PROVIDE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT CARD PAYMENTS:**

Card Type (please tick)	<input type="checkbox"/> 	<input type="checkbox"/> 
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Card Expiry Date	/	Payment Amount \$

Card Holder Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**YOUR SIGNATURE HEREON IS AUTHORITY TO ISSUE A SALES VOUCHER FOR THE FULL AMOUNT SHOWN IN THE SPACE PROVIDED. PLEASE FORWARD YOUR COMPLETED FORM ALONG WITH PAYMENT TO THE COUNCIL OFFICE**

**NOTE: FAILURE TO SUBMIT THIS APPLICATION FORM WITHOUT PAYMENT OF THE FEE WILL RESULT IN REFUSAL TO TRADE AT THE NOMINATED EVENT.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH AND ENVIRONMENTAL SERVICES USE ONLY**

Inspection required prior to event? (Please circle)	YES	NO
If YES, WHEN: DATE:	TIME:	
Recommend approval to trade at event? (Please circle)	YES	NO
EHO SIGNATURE:	DATE:	