**Please note this application for food stall approval is separate to the approvals issued by the Market Organiser. Please contact the relevant Market Organiser prior to submitting this application.**

**Please note that applications submitted within 7 working days from the event date may incur an Expedited Service Fee.**

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| **Part 1: Applicant Details** | | | | | |
| Title: | Given Name/s: | | | Surname: | |
| Business/Organisation Name: | | | | | |
| Address: | | | | | |
| Email Address: | | | | | |
| Contact telephone number:  (M) (W) | | | | | |
| **Part 2: Please select which Market/s you wish to attend** | | | | | |
| **Kalamunda Farmers Market**  Central Mall, Kalamunda  Run by:  Kalamunda  Chamber of Commerce | | **Kalamunda Night Market**  Central Mall, Kalamunda  Run by:  Kalamunda  Chamber of Commerce | **Kalamunda Artisan Market**  Central Mall, Kalamunda  Run by:  Kalamunda  Rotary Club | | **Forrestfield Night Market**  20 Strelitzia Road Forrestfield  Run by:  Kalamunda  Chamber of Commerce |
| **Part 3: Food – Please provide a list of all food types to be sold:** | | | | | |
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| **Part 4: Stall Structure and Registration - Please tick and complete all that apply** | | | | | |
| ☐ Trestle Table ☐ Marquee ☐ Registered food vehicle: Registration #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ This stall or van is registered with the City of Kalamunda, Registration Number [FP] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , OR  ☐ This stall or van is registered with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of local authority),  ☐ This stall or van is not registered. Registration may be required prior to approval of temporary food stalls. | | | | | |

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| **Part 5: Address where food is prepared if off site:** |
| Address: |
| ☐ Local Government Certificate of Registration attached, OR |
| ☐ This address is not registered as a food business. *Registration may be required prior to approval* |

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| **Part 6: Transportation Details** | |
| How will food be transported to site? | ☐ Car ☐ Van ☐ Refrigerated Van  ☐ Other *(please describe):…………………………………………………………* |
| What temperature control methods will be used? |  |
| Approximate Travel Time: |  |
| **Part 7: Applicant Checklist** | |
| We are a Charity/Not for Profit Organisation ☐ Yes ☐ No  (If yes, please attach evidence of charitable status)  Charity/Not for Profit organisations are exempt from the temporary food stall application fee. However, if the application is received within 7 working days from the event date, an expedited service fee of $52.50 is payable. | |
| 1. Food Business Registration Certificate attached ☐ 2. Public Liability Insurance Certificate attached ☐ | |
| **Part 8: Declaration** | |
| I declare the information provided on this form is accurate, complete and correct.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Part 9: Payment** | |
| **Fees:**  As per schedule of fees and charges on the City’s [website](https://www.kalamunda.wa.gov.au/building-development/health/health-fees-and-charges).  Additional expedited fee is payable for any applications submitted within 7 working days of the event.  ***Payment must be received before your application will be processed*** | |
| **Payment Options:**  In Person: Pay via cash, EFTPOS or credit card at the City of Kalamunda, between 8.30am - 4.30pm Mon to Fri.  Credit Card: Credit card payments can be taken over the phone 9257 9999  ***Note: Credit card and Pay Pass transactions incur a surcharge of 0.46%***  **Lodging your application form:**  In Person: City of Kalamunda – 2 Railway Rd, Kalamunda WA  Via Email: [enquiries@kalamunda.wa.gov.au](mailto:enquiries@kalamunda.wa.gov.au)  Via Post: PO Box 42, Kalamunda WA 6926 | |
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