### **Application For A Fund-Raising Organisation To Store, Prepare Or Sell Food**



#### A Separate Application is required for **EACH** event. Thames St stalls also need to book in with Customer Services in Oamaru. **Applicant Details** Name of Organisation Name of Person in Charge Postal Address **Email Address** Phone Number **Event Details Event Description** Date(s) on which the food is to be sold Times during which the food is to be sold Location at which the food is to be sold Foods to be sold (indicate if pre-packaged) a) b) c) d) e) f) g) h) Source of food (from where was the food obtained) 1. 2. 3. 4.

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Is any storage or pre-	preparation c	of the food to be ur	ndertaken <b>AFTER</b> i	t is obtained by t	the organisation?
(Select one option)	Yes		No		
If YES, where will the		re-preparation take			
How is the food to be	transported?	car, van, truck)			
What facilities are pro	ovided at the	site?			
(Select multiple options)	Table	Hot Plate	Steamer	BBQ	Wok
	Urn	Oven	Pie Warmer	Bain Marie	Refrigeration
	Other				
Is a Thermometer av	ailable?				
	Yes		No		
Are toilets available? (Select one option)					
If VCC in what location	Yes		No		
If <b>YES</b> , in what location	JUS.				
Are handwashing faci	lities available	e?			
(Select one option)	Yes		No		
			110		
If <b>YES</b> , in what location			NO		
If YES, in what location	ons?	ensils, appliances,		ke place?	
	ons?	ensils, appliances,		ke place?	
	ing of food ut	it, canopy, cover, so	and equipment ta		acility or
Where will the cleansi	ing of food ut	it, canopy, cover, so	and equipment ta		acility or
Where will the cleansi	ing of food ut	nt, canopy, cover, so n with the stall.	and equipment ta	r other shelter fa	acility or
Where will the cleansi	ing of food ut	nt, canopy, cover, so n with the stall. ntly attended a food	and equipment ta	r other shelter fa	acility or
Where will the cleansing appliance to be used  Name of person(s) where will the cleansing appliance to be used	ing of food ut	nt, canopy, cover, so n with the stall. ntly attended a food	and equipment ta	r other shelter fa	
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Food	Protection	n Checklist						
Check	l will ensure			Details of Provision				
	All food will sit	be prepared in a rece. (Name of registe	egistered premises or on ered premises)					
	Full hand-washing facilities will be provided including a supply of hot water, soap, a nail brush, and single service (paper) towel.							
	All food will be stored in containers with secure fitting lids.			s.				
	Food handle	rs will be provided	with protective clothing.					
	Tongs, glove	es, scoops etc will l food.	oe provided for handling					
	Facilities for k	eeping cold food oprovided, or be ac	cold, and hot food hot, wi cessible on site.	11				
	Food on disp co	lay will be protecte vers, screens, and	ed from contamination by wrappings etc.	′				
Signa	ture							
Date		DD MM	YYYY	Signature				
Please return this form to Waitaki District Council, 20 Thames Street, Oamaru or post/email to:  Waitaki District Council service@waitaki.govt.nz  Private Bag 50058, Oamaru								
Office Use Only								
Site Vis		Yes	No	Brochures Supplied (Select one option)	Yes	No		
Comm	ients							
WDC C	Officer							