



# South Wairarapa District Council

Tel: (06) 3069611 • PO Box 6, Martinborough • [www.swdc.govt.nz](http://www.swdc.govt.nz) • [health@swdc.govt.nz](mailto:health@swdc.govt.nz)

SOUTH WAIRARAPA  
DISTRICT COUNCIL  
*Kia Reretahi Tātau*

## FOOD STALL

**(Application must be submitted at least 3 working days before the event)**

Full Name/Company Name:	
Trading Name:	
Postal Address:	
Email:	
Phone:	
Start Date:	
End Date:	
Stall Location:	
Stall Manager:	
The type of goods to be sold are:	
<b>If food is being sold</b> <input type="checkbox"/> registered food business (please provide current registration certificate) <input type="checkbox"/> one off occasion (once per calendar year in NZ) <input type="checkbox"/> charity fundraiser (no more than 20 occasions in a calendar year in NZ) Please specify charity: _____	
Fee:	\$21.50
Signature:	
Date:	

### **Who to Contact for Further Information?**

Terri Hannah  
Environmental Health Administrator  
06 306 9611 ext 849  
[health@swdc.govt.nz](mailto:health@swdc.govt.nz)

### **INSPECTORS APPROVAL**

Date:	Inspector:
Conditions:	
Expiry date:	



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**Source of Food (from where the food was obtained):**

**Is any storage or preparation of the food to be undertaken after it is obtained by the operator of the food stall? Yes  No**

**If Yes – where and how will the storage or preparation of the food take place?**

**Proposed method and Location of Food utensils, appliances and equipment:**

(Please include a floor plan showing all facilities and equipment)

**What facilities are to be provided at the food stall:**

Table	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hot Storage (>60°C)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hot Plate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Cold Storage (<4°C)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
BBQ	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Wok	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Oven	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Steamer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (state)					

**What arrangements have been made for toilet use and washing hands?**

**Please describe any building, caravan, tent, canopy, cover, screen, umbrella or other shelter, facility or appliance to be used in conjunction with the stall:**