



**KYOGLE COUNCIL**  
 Stratheden Street, Kyogle  
 Postal Address: PO Box 11,  
 KYOGLE 2474  
 Telephone: (02) 6632 0293  
 Facsimile: (02) 6632 2632

## MARKET FOOD STALL REGISTRATION FORM

I/we provide the following details for inclusion in Council's Market Food Stall Vendors Register.

The registration/inspection fee of \$     is enclosed herewith. I/we realise that further fees may be levied if the stall is not maintained in accordance with the requirements of the North Coast Market Food Stall Code.

Category (please tick)

**Category 1**  
 On-site food preparation

**Category 2**  
 One step low hazard  
 food preparation

**Category 3**  
 Pre-wrapped and bottled  
 foods

Trading Name of Stall:.....

Proprietor/s of Stall:.....

Full Postal Address:.....

.....Post Code:.....

At this address is food prepared and/or stored:    Yes         No

Telephone: Business:..... Mobile:..... Private:.....

Description of Food Operation:  
 (range & type of food to be sold, wrapped or un-wrapped form, hot or cold etc):.....  
 .....  
 .....  
 .....  
 .....

**Note:** In the case of packaged foods labelling is to be in compliance with the Food safety Standards. An ingredient and nutritional information panel label is required. Please refer to the following web site – [www.foodstandards.gov.au](http://www.foodstandards.gov.au) or contact Council for further information.

In what manner will the food be transported to market? .....

In the case of food requiring temperature control, how do you intend to keep it hot or cold? ....

Is your stall a: Mobile Vehicle/Trailer  Tent  Other   
Registration details:.....

Does your stall comply with the construction and operational requirements of the North Coast Market Food Stall Policy? Yes  No

Proposed Markets to be attended:.....

..... /...../.....  
Signature of Proprietor/s Date

<b>Office Use Only</b>	
Application No -	
Date Lodged -	
Fee Paid -	
Receipt. -	
Date Stall Inspected -	...../...../.....
Works Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	.....
	.....
	.....
.....	...../...../.....
Signature: Environmental Health Officer	Date