



# Application Form Market Stall - Temporary Food Premises

To: Environmental Health Department  
Frankston City Council  
PO Box 490  
Frankston 3199

Civic Centre  
Corner Young and Davey Streets Frankston  
Phone: (03) 9784 1931  
Fax: (03) 9784 1094

## APPLICANT DETAILS

Name:

Postal Address:

Phone: Home:

Bus.:

Mob.:

Fax:

I / We hereby apply for permission to run a market stall as described on this form. I undertake to indemnify Frankston City Council from any and all claims and actions arising from the information supplied relevant to this application.

Date:

Applicant Signature:

## BUSINESS DETAILS

Trading Name (if applicable):

ABN No.:

Food Safety Supervisor:

Name of Market:

Date of Market:

List Types of Food to be Sold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE ATTACH THE FOLLOWING INFORMATION:

- Certificate of Food Act Registration if registered elsewhere.
- Food Safety Plan Details.
- Food Safety Supervisor Certificate.
- Details of Equipment Provided (attach photos if you have them)
- Details Food Transport and Storage
- Public Liability Insurance

You will be notified in writing of the outcome of your application. Approvals will be current for a period of six months unless otherwise advised.

### Further Information

Frankston City Council reserves the right to recover compensation for loss or damage caused by interference or damage to its assets.


### Privacy Statement


The personal information requested on this form is being collected by Council for the Market Stall (Temporary Food Premises) permit application. This information will be used solely by Council for that primary purpose or directly related purposes and will not otherwise be disclosed without your consent or as required or permitted by law. You may apply to Council for access and/or amendment of the information.


Office Use Only



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 **In Person** (cash, cheque, EFTPOS)  
Civic Centre, Davey Street, Frankston.  
Seaford Shop, 120 Nepean Highway, Seaford.  
Langwarrin Shop, Shop 6, Gateway Shopping Centre.

 **By Mail** Send this Application Form with a not negotiable  
cheque or money order. (DO NOT SEND CASH)

 **By Phone** **Fax application to (03) 9784 1091** for phone credit  
card payments (Mon to Fri 8:20am-5:00pm)

Payee Name:

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Property Address:

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Account Code: RC 175

Amount: \$

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