Food Safety Registration

| Please complete the following and return to Food & Health Standards (2006) Ltd in the postage paid envelope supplied by Stall holder Name: | | | | |
|---|---|--|--|--|
| | | | | |
| Phor | e: | | | |
| 1. | Do you have a food business registered with the Selwyn District Council? YES / NO | | | |
| | If NO, do you have a food business registered with another local authority? YES / NO Which one(s)? | | | |
| | What is the name of your food business? | | | |
| 2. | Please list all the types of foods you will be selling at your stall (attach menu if available): | | | |
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| | | | | |
| 3. | Please describe how you will be keeping readily perishable foods refrigerated prior to the event, and how it will be transported to the site: | | | |
| | | | | |
| | | | | |
| 4. | How will you be keeping readily perishable foods at 4°C or below during the event? | | | |
| | Chilly bins and ice/icepacks / Mechanical refrigeration / Other – please describe: | | | |
| | | | | |
| 5. | Do you have any foods that are to be kept hot (eg: soups, rice, chowder)? YES / NO | | | |
| | If YES, please describe how you will keep these hot above 60°C: | | | |
| | | | | |
| | | | | |

| 6. | If you are selling meat, poultry or seafood, pl meat/poultry <u>cannot</u> be sold and fish/seafood | blease state where this is supplied from – (homekill od must be supplied by a licensed fish receiver): | ed from – (homekill ed fish receiver): | |
|----|---|--|---|--|
| | | | | |
| 7. | How will you protect your food from contaminus sneezing? | ination – dust & flies / heat from the sun / people cougl | hing or | |
| | | | | |
| | | | | |
| 8. | Where will food be prepared prior to the ever suitable for food preparation? | ent if required? How will you ensure that this is clean a | nd | |
| | | | | |
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| | | | | |
| | correct at the time of completing this for described. I understand that the Environ time during the event, and that if food s | ety information provided. The above information is rm, and I will endeavour to adhere to all practices mental Health Officer may inspect my stall at any safety is considered to be compromised, I can be ind/or food may be seized if there is an immediate | | |
| | Signed: | Date: | | |

Thank you for your co-operation in completing this form. If there are any potential issues with above information, you will be contacted to discuss. It is our intention to work with you to ensure the event is as successful as possible for both you and the customers.

Environmental Health Officer Selwyn District Council