



SOUTH AFRICAN AIR FORCE MUSEUM



AIR SHOW

The Eagle's Path – Celebrating Service, Freedom and Innovation

VENDOR AND EXHIBITOR APPLICATION FORM

VENDOR INFORMATION

| | | | |
|---------------------------------|--|--------------------|--|
| Stall Name/Trading name: | | | |
| Registered Name | | | |
| Physical Address | | | |
| Suburb | | | |
| Town | | | |
| Province | | Postal Code | |
| Phone | | WhatsApp no | |
| Email: | | | |
| Alternative no | | | |

TYPE OF STALL REQUIRED

| | | | | | |
|--------------------|--------------------------|--------------|-------|------------------|--------------------------|
| Exhibitor / other: | <input type="checkbox"/> | Price: 4X4M | R3800 | Number of Stalls | <input type="checkbox"/> |
| | <input type="checkbox"/> | Price: 5x10M | R5400 | Number of Stalls | <input type="checkbox"/> |
| Food Vendor: | <input type="checkbox"/> | Price:4X4M | R3800 | Number of Stalls | <input type="checkbox"/> |
| | <input type="checkbox"/> | Price: 5X10M | R5400 | Number of Stalls | <input type="checkbox"/> |

PAYMENT DETAILS

| | |
|----------------------------------------------------------------------|----------------------------|
| Account name: | SAAF Museum |
| Bank: | ABSA (CHEQUE) |
| Account Number: | 1055853599 |
| Branch Code: | 632005 |
| Reference | STALL/ TRADING NAME |
| Brief Descriptions of the exhibition or food stand you plan to offer | |
| | |

TERMS AND CONDITIONS

Due to the high number of applications for this event, the following conditions will apply:

1. **Mandatory Attachments:** If the application form is not accompanied by copies of **ID or passport** documents for the applicant and workers required for accreditation, the application will be null and void.
2. Should an application for a food stall not be accompanied by the Tshwane form **HSD/HS/MHS/QAP 7.5.1/5/1, Undertaking Letter** and the **Fire Safety form**, the application will be null and void.
3. **Application Process:** Completing this form does not guarantee allocation of a stall or space at the event. Stall allocation will only be confirmed after compliance with all Occupational Health & Safety (OHS) and municipal requirements for vending in the Gauteng region.
4. **Agreement & Compliance:** **Failure to comply with these requirements on the event day will result in immediate disqualification and removal from the event premises.**
5. **Regulatory Inspections:** On the event day, Tshwane authorities will conduct strict inspections for regulatory, statutory, and hygiene compliance. Vendors failing to meet these standards will be disqualified and required to leave the event premises.
6. **Accreditation & Access:** Accreditation will be issued in advance for staff working at stalls or exhibits. (3 Staff members for the 4X4M and 5 for the 5X10M). Any additional persons accompanying vendors/exhibitors must purchase tickets. Entry and exit will be through a dedicated exhibitors' gate.
7. **Application & Payment Deadline:** All applications must be submitted by 15th May 2026. Payments must be made into the above account number by **Friday 29 May 2026**. Vendor's Safety Briefing will be on **Wednesday 27 May 2026 10:00B at Hanger 5**. Banking details are attached. Use the Trading Name/ Stall name as reference when making payments. Proof of payment and all the required documents to be emailed to saafmuseumairshow2025@gmail.com.
6. **Cancellation Policy:** If a vendor cancels after the closing date for application, a 30% cancellation fee will apply. This is to account for the lost opportunity of another vendor who could have booked the stall.

ENQUIRIES

| | |
|----------------------------------|--------------------------------------------------------------------------------------|
| Flight Sergeant T. Rambau | 012 351 2289 |
| Sergeant L.Tofile | 012 351 2290 |
| Sergeant N. Rapfumbedzani | 012 351 2301 |
| Mrs E. Ngwenya | 012 351 2290 |
| WhatsApp | 081 031 3426 |
| Email: | saafmuseumairshow2025@gmail.com |

Signature of Applicant:

Date:

Venue

The following Items to be attached to the application form

- Tshwane Form for food stalls (HSD/HS/MHS/QAP 7.5.1/5/1)**
- Tshwane Form (Undertaking Letter)**
- ID/Passport copies of Applicant**
- ID/Passport for Workers**
- Fire safety compliance form**
- Proof of Payment**



APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR FOOD PREMISES

Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food and related matters. Government Notice R638 of 22 June 2018

A. PERSON IN CHARGE

| | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| First names and surname of the person in whose name the certificate of acceptability must be issued | | | | | | | | | | | |
| ID no | | | | | | | | | | | |
| Residential address | | | | | | | | | | | |
| Postal address | | | | | | | | | | | |
| Contact numbers | | | | | | | | | | | |
| Email address | | | | | | | | | | | |

B. PARTICULARS OF FOOD PREMISES

| | | | |
|----------------------------------------------------------------------------------------------|---------------------|--------|--|
| Name of food premises | | | |
| Type of food premises (eg building, vehicle, stall, caravan, etc) | | Erf No | |
| Physical address of Food premises | | | |
| Webpage if applicable | | | |
| GPS Coordinates if applicable | | | |
| Postal address of food premises | | | |
| Physical address of the business solely transporting foodstuffs on behalf of a food premises | | | |
| Vehicles to be used for the transportation of perishables/foodstuffs | Registration Number | | |
| | Registration Number | | |

If more than 2 vehicles attach list.

If the following are not situated on the food premises, provide the address or describe the location thereof:

| | Erf no | Address |
|-------------------------------|--------|---------|
| Sanitary (latrine) facilities | | |

| | | |
|-----------------------------------------------------|--|--|
| Cleaning facilities (wash basins for facilities) | | |
| Hand-washing facilities | | |
| Preparation premises | | |

C. FOOD CATEGORY

List and describe the food items or the nature or type of food involved:

D. QUANTITIES OF FOOD TO BE HANDLED

Indicate envisaged production output or number of persons to be catered for:

E. NATURE OF HANDLING

List and describe what your activities will entail (eg preparation or packing for processing)

F. STAFF

Number of persons employed or to be employed : Men _____ Women _____

G. PARTICULARS OF EXEMPTION BEING APPLIED FOR: Regulation 14(1)

H PLAN OF PREMISES

Attach to this application, a lay out plan of the premises, drawn on scale 1:50, which indicates the designation of the various areas and position of all equipment.

I. PARTICULARS OF APPLICANT

| | |
|------------------------------------------------------------|--|
| Name and surname | |
| ID/PASSPORT NUMBER | |
| Capacity (eg owner, managing director, secretary, manager) | |
| Residential Address | |
| Postal address | |
| Contact numbers | |

Date of application: ____/____/20__

Signature: _____



Health Department

Room 1127 | 11th Floor | Munitoria | Cnr Van der Walt and Vermeulen Streets | Pretoria | 0002
 PO Box 440 | Pretoria | 0001
 Tel: 012 358 8882 / 012 358 8609 | Fax: 086 651 4879
 Email: jerry@m@tshwane.gov.za | www.tshwane.gov.za | www.facebook.com/CityOf Tshwane

| | | |
|--------------------------------------------------|--------|--------------|
| My ref: | Tel: | 012 358 3273 |
| Your ref: | Fax: | 012 358 3683 |
| Contact person: | Email: | |
| Division/Section/Unit: Municipal Health Division | | |

| | |
|-------------------|-------------------|
| Event: | Event Date: |
| Trade Name: | Telephone Number: |
| Physical Address: | |
| Applicant: | |

This Division has no objection to the abovementioned application on condition that –

1. MEAT AND MEAT PRODUCTS

Only meat, offal and processed meat of animals slaughtered and approved for human consumption at an approved abattoir, as defined in Part II of the Regulations promulgated in terms of the Abattoir Hygiene Act, 1992 (Act 121 of 1992), as amended by Government Notice R2322 of 14 August 1992, may be kept and offered for sale. Only meat of poultry or rabbits which has been examined and slaughtered in terms of the provisions of the Abattoir Hygiene Act, 1992 (Act 121 of 1992), read with Government Notice R676 of 23 April 1993, and which shows no lesion or disease may be kept or offered for sale. Such meat must be marked on the carcass or on the wrapping in terms of section 4(1) of Government Notice R676 of 23 April 1992. All meat, meat products and processed food that are sold must be provided with a label bearing the name, address and telephone number of the manufacturer, or alternatively, the purchaser must be issued with a purchase voucher containing the said particulars.

2. PASTEURISED MILK

Pasteurised milk may only be obtained from licensed suppliers authorized by the City of Tshwane Metropolitan Municipality to distribute milk within the municipal area of Tshwane. Pasteurised milk must meet the relevant requirements as defined in the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), the Agriculture Products Standards Act, 1990 (Act 119 of 1990) and the regulations published in terms thereof.

3. GENERAL

3.1 TEMPERATURE

Perishable foods must be kept cooled (7/ and lower) or heated (65/ or higher.)

3.2 FOOD PROTECTION

Unprotected food must be protected from pollution or contamination where required.

3.3 FOOD HANDLING

Sufficient apparatus and equipment must be available for the hygienic handling of food. Processing and storage must take place in a satisfactory manner. Cooked and raw food must be handled and stored separately. Ice-cream and meat/fish must be stored separately.

3.4 SORES/WOUNDS/CONTAGIOUS DISEASES

Food handlers must not have open sores/wounds or these must be bandaged in such a manner that food cannot be contaminated. No food handler suffering from a disease in the infectious stage or who is a carrier of a disease that can be transmitted by food may handle food.

3.5 NAILS/HANDS

Nails must be short, clean and free from nail polish. Hands/forearms must be clean and free from jewellery.

3.6 CLOTHES

Clothes must be clean, whole and suitable for the specified activity.

3.7 SMOKING

Nobody may smoke in a food preparation area or during the preparation of food.

3.8 DAMAGED EQUIPMENT/APPARATUS

All chopping-boards, pots, pans, crockery, etc must be undamaged, easy to clean and manufactured from a non-toxic material.

3.9 EQUIPMENT/APPARATUS

All equipment and apparatus must be kept clean.

3.10 LIGHTING

Sufficient lighting must be available for the preparation of food and for the cleaning process.

3.11 VENTILATION

As prescribed by the National Building Regulations.

3.12 WATER

An adequate supply of clean water must be available for the cleaning of facilities and the washing of hands.

3.13 WASH-UP FACILITIES

Proper wash-up facilities must be provided.

3.14 SOAP

Soap must be available for the cleaning of accessories and hands.

3.15 RUBBISH REMOVAL

Rubbish must be stored or removed in such a manner that no nuisance is caused.

3.16 WASTE WATER DISPOSAL

Waste water must be disposed of in a suitable manner.

3.17 PEST CONTROL

No flies, cockroaches, rodents etc or signs thereof, may be present on the premises.

3.18 TOILET FACILITIES

Toilet facilities must be available in accordance with the National Building Regulations, if required,

In the case of hawkers, written consent for the use of an accessible toilet will be acceptable.

3.19 SPOILT FOOD

No spoilt food, blown tins, etc may be offered for sale.

3.20 HYGIENE PROGRAMME

A satisfactory programme must be followed for the cleaning of the premises/facilities.

3.21 DUST CONTROL

Adequate dust control measures must be taken.

UNDERTAKING:

I, _____, the undersigned, ID Number _____, hereby undertake to abide by the above conditions as laid down by the Division Environmental Health.

** A COPY OF THIS UNDERTAKING AND VALID TRADE LICENSE MUST BE AVAILABLE AT THE TRADING SITE DURING THE EVENT FOR INSPECTION PURPOSES.

SIGNATURE OF APPLICANT

_____/_____/2019
Date

| SPECIAL EVENT VENDOR COMPETENCE REQUIREMENTS FOR SAAF MUSEUM AIR SHOW | | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| NR | REQUIREMENT | YES | NO |
| 1 | Fire Extinguishers: A minimum of 1 x 4,5kg per vendor (cart vendor <100sqm) | | |
| 2 | Fire Blanket: A fire blanket must be provided if making use of deep fryer equipment | | |
| 3 | LPG cylinders exceeding 100kg (including spare cylinders full or empty must be registered with Tshwane Fire Department. Vendors to be registered individually or the catering/event organizer can register for the entire event to include all vendors. | | |
| 4 | Are the LPG cylinders fixed in an upright position within a tamper free cage | | |
| | Are adequate signs present at LPG installations (No open flame, No smoking) | | |
| | Does the LPG installations have an emergency shut off valve | | |
| | 1 x 19kg LPG cylinder per vendor | | |
| | Is the LPG flex pipe exceeding 2m in length | | |
| LPG SAFETY DISTANCES | | | |
| NR | REQUIREMENT | | |
| 1 | Are a 6m separation distance maintained between LPG cylinder placements | | |
| 2 | 5m away from any buildings | | |
| 3 | 2m Away from any drains | | |
| 4 | 5m Away from electrical equipment or installations (including generators) | | |
| POWER GENERATORS REQUIREMENTS | | | |
| NR | REQUIREMENTS | | |
| 1 | 5m Away from any LPG installations | | |
| 2 | Are spare fuel; kept at vendor location (if yes, it needs to be removed) | | |
| 3 | Are all cables covered, buried or in an overhead position as not to cause obstruction | | |