

NON-EVENT STALLHOLDER APPLICATION (EXCLUDING FOOD AND FOOD PRODUCTS)

This application is for a Stallholders permit under the Shire of York Activities on Thoroughfares and Trading in Thoroughfares and Public Places Local Law.

APPLICANT DETAILS:			
Name:			
Contact Person:			
Postal Address:			
Phone No:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; padding: 5px;">Mobile No:</td> </tr> </table>		Mobile No:
	Mobile No:		
Email Address:			
Signature:			

PROPOSED STALL ASSISTANT(S): Specify the proposed number of assistants to be engaged in conducting the stall as well as their names and postal addresses.			
Number of Assistant/s:			
Name:			
Postal Address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; padding: 5px;">Mobile No:</td> </tr> </table>		Mobile No:
	Mobile No:		
Signature:			
Name:			
Postal Address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; padding: 5px;">Mobile No:</td> </tr> </table>		Mobile No:
	Mobile No:		
Signature:			

PROPOSED STALL:	
Date(s) of Operation:	
Hour(s) of Operation:	
Location:	

GOODS OR SERVICES: Specify the proposed goods or services to be sold or hired from the stall.

DESCRIPTION OF PROPOSED STALL:

PLAN OF PROPOSED STALL:

Blank area for the plan of proposed stall.

OTHER INFORMATION REQUIRED:

All stallholders are required to have current and adequate public liability insurance.

Stallholders situated out the from of shop/s are required to obtain permission from the shop owner. Note: IGA will provide a permission letter.

- A copy of current public liability insurance is attached (minimum \$10,000,000.00)
- Permission from shop owner (if applicable)

Application Fee:	\$26.00
Day Permit:	\$26.00
Weekly Permit:	\$100.00
Monthly Permit:	\$227.00
Annual Permit:	\$1,137.00
Not For Profit:	No Charge

Declaration:

I, the person making this application declare that:

- The information contained in this application is true and correct
- Relevant fees have been paid (fees must be paid in full prior to assessment and approval being issued)

Signature of applicant: _____ Date: ____/____/____

(In the case of a company, the signing officer must state position in the company)

Position: _____ Receipt No. _____