

**APPLICATION FOR
FOOD STALL PERMIT**

Armadale Producers Market

City of Armadale
Administration Centre
7 Orchard Avenue, Armadale

NAME of BUSINESS/ORGANISATION: _____

ADDRESS: _____

NAME of APPLICANT: _____

ADDRESS: _____

FAX: _____ TELE: _____

***PLEASE NOTE FEES APPLY** (refer to schedule of fees and charges)
*** Fee not applicable for non- profit community organisations.**

DESCRIPTION OF PROPOSED STALL:

(Detailed floor plan is required if on-site food preparation is carried out)

FOOD SERVICE TYPE: _____

Office Use Only : 55.201

Approved : _____

Date : _____