

Application for Trader's Permit

NOTE: Complete applications to be lodged 30 working days prior to proposed start date. Incomplete applications will not be processed.

Activities and Trading in Thoroughfares and Public Places Local Law

Applicant Name:			
Business/Stall Name:			
Residential/Street Postal Address:			
Mobile:		A/H:	
Email:			
ABN / ACN:			

Details of Proposed Trading

Method of trading (eg: stop and serve, selling from a fixed site/s):			
Location or part of the City for which a Trading Permit is required (separate application for each location):			
Description of stand, table, structure of vehicle proposed to be used by Applicant:			
Vehicle Make & Registration No. (if applicable):			
Public Liability Insurance:	<input type="checkbox"/> Yes (copy provided)	Expiry Date:	
Specify the goods, foods or service you intend to sell, promote or provide:			
NOTE: If sale of food is proposed, a copy of current Certificate of Registration of a Food Business and documented evidence of food safety training must be provided.			
With which local government is the food business registered?			
Proposed Days of Operation:		Proposed Hours of Operation:	



Period for which the Trading Permit is sought:	
How many people will assist in the trade:	
Names and Addresses of person/s assisting in Trade:	
1.	
2.	

Attached is (please tick):

<input type="checkbox"/>	An accurate site lay-out plan with description of all proposed stands, structures or vehicles which may be used for the proposed trading (please include photographs where possible);
<input type="checkbox"/>	An aerial site map of the location as to where the proposed trading will take place (please mark on the map where the stand/vehicle will be parked during trading)
<input type="checkbox"/>	A copy of current public liability certificate for a minimum of \$20 million dollars;
<input type="checkbox"/>	A copy of the current Certificate of Registration of Food Business and food safety training documents, if sale of food is proposed;
<input type="checkbox"/>	A copy of permission by landowner to utilise the space;
<input type="checkbox"/>	Application fee - refer to Health Services Schedule of Fees and Charges .

Declaration

I have provided all of the information required.

 Signature of Applicant

 Dated

Office Use:	Doc No. _____
<input type="checkbox"/>	Site Plan provided
<input type="checkbox"/>	Current Public Liability Certificate (Expiry date: _____)
<input type="checkbox"/>	Certificate/Registration Food Business (if applicable)
<input type="checkbox"/>	Application payment made
Comments: _____	
Assessing Officer: _____	Date of Approval: _____
Manager HS: _____	Permit Document No. _____