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## 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:	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 Assistan	t/s:	
Name:		
Postal Address:	Mobile No:	
Signature:		
Name:		
Postal Address:	Mobile No:	
Signature:		
PROPOSED STALL:		
Date(s) of Operatio	n:	
Hour(s) of Operatio	n:	
Location:		
GOODS OR SERVICE	ES: Specify the proposed goods or services to be sold or hired from the stall.	
DESCRIPTION OF PROPOSED STALL:		

PLAN OF PROPOSED STALL:		
OTHER INFORMATION REQUIRED:		
All stallholders are required to have current a	ind adequate public liability insurance.	
Stallholders situated out the from of shop/s a	re required to obtain permission from the shop	
owner. Note: IGA will provide a permission le	tter.	
☐ A copy of current public liability insura	ance is attached (minimum \$10,000,000.00)	
<ul><li>Permission from shop owner (if applic</li></ul>		
Termission from shop owner (if applie		
Application Fee:	\$30.00	
Day Permit:	•	
, Weekly Permit:	-	
Monthly Permit:		
Annual Permit:	\$1,200.00	
Not For Profit:	No Charge	
Late Processing Fee:	\$35.00	
Declaration:		
I, the person making this application declare that:		
The information contained in this conline	tion is two and assument	
<ul> <li>The information contained in this applica</li> <li>Relevant fees have been paid (fees must issued)</li> </ul>	be paid in full prior to assessment and approval being	
Cianatura of anniherate	Date: / /	
Signature of applicant: (In the case of a company, the signing officer	Date:/	
in the case of a company, the signing officer must state position in the company)		
Position:	Receipt No	
Position:	Νετείρι Νυ	