Record No: _____
File No: _____

NON-EVENT STALLHOLDER APPLICATION (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 Assistant/s:			
Name:			
Postal Address:		Mobile No:	
Signature:			
Name:			
Postal Address:		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:

OTHER INFORMATION REQUIRED:

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

All stallholders are required to be able to demonstrate a knowledge of safe food handling practices.

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)
- ☐ A copy of current food business registration certificate (*Food Act 2008*) is attached
- ☐ Permission from shop owner (if applicable)

Stallholders selling food or food products are required to operate in accordance with the provision of the *Food Act 2008* and the Australian and New Zealand Food Standards Code.

Application Fee:	$30.00
Day Permit:	$30.00
Weekly Permit:	$120.00
Monthly Permit:	$250.00
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 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. _____