

Applicant Details:

Application for Trading in a Public Place

NI		
Name:		
Business Name:		
Address:		
Postal Address:		
Email Address:		
Contact Number(s):	(Home)	(Work)
	(Mobile)	(Fax)
Location of propos	sed trading activity ((*a plan should be submitted indicating locations):
Nature of propose offered):	d trading activity (*d	describe how the goods will be displayed, sold and/or services
Details of propose	ed stall (eg, trailer, cart,	, table, vehicle):
Full name and addre		who may be engaged at any one time in trading: applicable, other proposed date(s) of operation:
Food business Regi	stration (copy to be pro	ovided)
Public Risk Insura	nce (copy to be provide	ed)
Is a Police Clearan	ice attached (not moi	re than 3 months old):
Signature of Applica	nnt	Date
Please attach a copy	of your current Food	Business Registration.
Fees:	-	-
Application & 2 Day Lice	ence	\$50.00
Application & 7 Day Licence		
Application & 30 Day Licence		
Application & 90 Day Lic		\$295.00
Application & 180 Day L		\$295.00
Application & 365 Day L	icence	\$490.00