

SHIRE OF WAROONA APPLICATION FOR TRADING IN A PUBLIC PLACE

APPLICATION DETAILS:					
SURNAME:					
GIVEN NAME:					
BUSINESS NAME:					
ADDRESS:					
	TOWN/CITY:			POSTCODE:	
POSTAL ADDRESS:					
	TOWN/CITY:			POSTCODE:	
PHONE NUMBER:					
EMAIL ADDRESS:					
LOCATION OF PROPOSED	TRADING ACTIV	ITY (*a plan shou	ld be submitted	indicating locations)	
NATURE OF PROPOSED TF services offered):	RADING ACTIVITY	Y (*describe how	the goods will be	e displayed, sold and	l/or
gervious official).					
DETAILS OF PROPOSED ST	Γ ALL (e.g., trailer,	cart, table, vehicl	e):		
			,		
VEHICLE REGISTRATION N	O:				
FULL NAME AND ADDRESS TRADING:	OF ANY ASSIST	TANTS WHO MA	Y BE ENGAGED	AT ANY ONE TIM	E IN
PROPOSED COMMENCEME OPERATION:	NT DATE AND, I	F APPLICABLE,	OTHER PROPO	OSED DATE(S) OF	
FOOD BUSINESS REGISTRA	ATION (copy to be	e provided):			
PUBLIC RISK INSURANCE (copy to be provide	ed)			
IS A POLICE CLEARANCE A	ATTACHED (not m	nore than 3 month	s old):		

SIGNATURE	OF APPLICANT:			
DATE:				
Please attach a copy of your current Food Business Registration.				

FEES:				
Application & 2 Day Licence	\$65			
Application & 7 Day Licence	\$145			
Application & 30-Day Licence	\$210			
Application & 90 Day Licence	\$330			
Application & 180 Day Licence				
Application & 365 Day Licence	\$1200			