



Stallholder Application

(Food and food products)

This application is for a Stallholders permit under the Shire of Toodyay Activities on Thoroughfares and Trading in Thoroughfares and Public Places Local Law.

APPLICANT DETAILS

Full Name: _____ RMS Ref No.: _____

Organisation name: _____ ABN: _____

Main Address: _____
(Residential / Premises Address including Suburb and Postcode)

Postal Address: _____
(if different from above)

Phone (H): _____ (M): _____ (W): _____

Email: _____

PROPOSED STALL ASSISTANT(S)

Specify the proposed number of assistants and their names and addresses

Full Name: _____ Title: _____

Postal Address: _____

Contact Phone: _____ Email: _____

Contact Signature: _____ Date: _____

Full Name: _____ Title: _____

Postal Address: _____

Contact Phone: _____ Email: _____

Contact Signature: _____ Date: _____

DETAILS OF PROPOSED STALL

Dates and Times of Operation: _____

Location: _____

GOODS OR SERVICES - *Specify goods or services to be sold, hired, or offered for sale from the stall*

DESCRIPTION OF PROPOSED STALL

Provide an accurate floor plan and description of the stall



PLAN OF PROPOSED STALL

Plans attached

OTHER INFORMATION REQUIRED

Registration Number of Vehicle or Trailer: _____

All Stallholders are required to have current and adequate Public Liability Insurance.

Stallholders selling food or food products are required to operate in accordance with the *Food Act 2008* for the Establishment and Operation of Temporary Food Premises.

Further information on the above-mentioned standards can be obtained from the Shire of Toodyay on (08) 9574-9300 or the Department of Health on (08) 9222-4222.

Copy of Public Liability Insurance Certificate is attached.

Cheque/cash to the amount of: \$ _____ to cover the application and permit fee.

Signature: _____ Date: _____

APPROVAL FROM EVENT ORGANISER (if applicable)

Stalls that are part of an event require the approval from the event organiser

Event Name: _____

Contact Name: _____ Title: _____

Event Site Location: _____
(include Suburb and Postcode)

Signature: _____ Date: _____

OFFICE USE ONLY

Fees payable \$: _____ Permit approved

Conditions of approval: _____

Receipt No: _____ Assigned Registration No: _____

Date received: _____ Signature of Registration Officer: _____