

**Trader's Application** This application is for a Trader's permit under the Shire of Toodyay Activities on Thoroughfares and Trading in Thoroughfares and Public Places Local Law.

APPLICANT DETA	AILS				
Full Name:				RMS Ref No.:	
Organisation name	:			ABN:	
Main Address:	(Residential / Premises Addres	ss including Su	burb and Postc	ode)	
Postal Address:	(if different from above)				
Phone (H):	(M):			(W):	
Email:					
	DER'S ASSISTANT(S) umber of assistants to be engage	ged in conducti	ng the trade as	well as their names and addresses	
Full Name:			Title:		
Postal Address:					
Contact Phone: _		Email:			
Contact Signature:					
			<b>T</b> :0-		
Postal Address:					
Contact Phone: _		Email:			
Contact Signature:				Date:	
DETAILS OF PRO	POSED TRADING				
Dates and Times o	f Operation:				
Location:					
GOODS OR SERVICES - Specify the proposed goods or services to be traded.					

## **DESCRIPTION OF PROPOSED TRADE**

Provide an accurate floor plan and description or any proposed structure or vehicle which may be used for trading.

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Administration Centre 15 Fiennes Street (PO Box 96) TOODYAY WA 6566

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(08) 9574 2158

Ε records@toodyay.wa.gov.au

W www.toodyay.wa.gov.au

## PLAN OF PROPOSED VEHICLE, TRAILER OR OTHER STRUCTURE TO BE USED

Plans attached

## **OTHER INFORMATION REQUIRED**

Registration Number of Vehicle or Trailer:

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

□ Copy of Public Liability Insurance Certificate is attached.

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

Signature:	Date:	
	<b>/ENT ORGANISER</b> (if applicable) ant 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:		