

## Stallholder Application

(excluding 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

All Stallholders 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: \_\_\_\_\_

## 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: \_\_\_\_\_