

**Trading Permit Application Form (Including Food Stalls)**

Renewal New Application

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Details** | | | | | | |
| Name of Applicant: | | | | | | |
| Business Trading Name: | | | | | | |
| Address: | | | | | | |
|  | | | | | | |
| Telephone (H) (W) (M) | | | | | | |
| Email Address: | | | | | | |
| Postal Address: | | | | | | |
|  | | | | | | |
| Location of proposed trading activity (map must be submitted indicating the precise location): | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Nature of proposed trading activity (including details of goods to be sold and / or services offered): | | | | | | |
|  | | | | | | |
| Number of assistants/persons other than the Applicant expected to be employed or otherwise engaged in trading: | | | | | | |
|  | | | | | | |
| Trading will be conducted from: | | | Trestle Table | | Marquee | |
| Mobile Van | Other: | | | | | |
|  | | | | | | |
| Vehicle registration number (if applicable): | | | | | | |
| Proposed hours of operation: | | | | | | |
| Proposed days/dates of operation | | | | | | |
|  | | | | | | |
| Mobile trading only | | Mobile plus permanent location | | Stationary Trading only | | |
|  | | | | | | |
| Any other information relevant to this application: | | | | | | |
|  | | | | | | |
| **Food Stall** | | | | | | |
| Please list all types of food intended to be supplied (please list all foods) | | | | | | |
|  | | | | | | |
| Is power required and if so from what source ie mains, generator | | | | | | |
|  | | | | | | |
| Is the food to be prepared in a residential kitchen Yes | | | | | | No |
|  | | | | | | |
| What provision will be made for hand washing? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| What provisions will be made for utensil washing? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| How will you dispose of waste and wastewater? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| How will foods be kept at the adequate temperatures? | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Name of Applicant/s Signature of Applicant/s** | | | | | | |
| **Date:** | | | | | | |
|  | | | | | | |

**Site Plan**

A detailed layout of the event is to be included with your application. Please ensure the following is indicated on the map (if applicable).

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

North

**DD01352_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |