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First Schedule

Application for Trading in Public Places Permit

Applicant Details					
Applicant's name:					
Organisation (if applicable):					
Postal address (for invoice):					
Telephone contacts:	Home:		Me	obile:	
Email:					
	:				
Business Information					
Nature of Business					
ABN:					
Proposed Trading Hours:	Day/s:		Tim	e/s:	
Number & Qualifications of staff					
Public Liability Insurance:	(please provide	copy of current certif	icate of curren	ncy with application)	
If food/beverage to be sold a registration? (please tick)	nt stall do you l	nave an existinç	food	Yes	No 🗆
If yes, please provide details:					
Proposed Location of stall:					
(plan of area to be attached if applicable)					
Description of stall construction:					
(plans to be supplied if applicable)					
	Circle the a	oplicable permi	required:		
1 week 1 m	onth	3 months	6 m	nonths	12 months
Applicant's Signature				Date	