



ABN 85 679 704 946
 7 Brockman Street (PO Box 510), Gingin WA 6503
 T: 9575 5100 F: 9575 2121
 E: mail@gingin.wa.gov.au
 W: www.gingin.wa.gov.au

First Schedule

**Application for Trading in Public Places Permit
 Itinerant Vendor**

Applicant Details		
Applicant's name:		
Organisation <i>(if applicable):</i>		
Postal address <i>(for invoice):</i>		
Telephone contacts:	Home:	Mobile:
Email:		

Business Information		
Nature of Business		
ABN:		
Proposed Trading Hours:	Day/s:	Time/s:
Number & Qualifications of staff		
Public Liability Insurance:	<i>(please provide copy of current certificate of currency with application)</i>	
If food/beverage to be sold at stall do you have an existing food registration? <i>(please tick)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		
Proposed Location of stall: <i>(plan of area to be attached if applicable)</i>		
Description of stall construction: <i>(plans to be supplied if applicable)</i>		

Circle the applicable permit required:

1 week

1 month

3 months

6 months

12 months

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Applicant's Signature

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Date