



PROPRIETOR DETAILS				
Name of proprietor(s):				
Email:				
Postal address:				
Phone:		Mobile:		
BUSINESS DETAILS				
Trading name:		ABN/ACN:		
Premises address:				
Trading location (e.g., name of building, reserve, street, and address):				
General description of set up (e.g., van, table, tent):				
Description of good(s) or service(s) for sale/hire:				
BUSINESS OPERATION				
Date		Time		
ADDITIONAL INFORMATION				
Please ensure all relevant boxes are ticked (✓) before submitting form			Yes	No
Certificate of Currency for public liability insurance (minimum \$20 million) provided with this application			<input type="checkbox"/>	<input type="checkbox"/>
Accurate site plan and/or photographs of setup provided with this application			<input type="checkbox"/>	<input type="checkbox"/>
Applying to waive permit fee on the basis of a charitable/eligible community organisation			<input type="checkbox"/>	<input type="checkbox"/>
DECLARATION				
I/we, the applicant, declare that the information contained in this application is true and correct in every particular and note that this application will not be processed until payment is received.				
Full name:		Position:		
Signature:		Date:		