



STALL HOLDER PERMITS AND TRADING APPLICATION FORM

ACTIVITIES IN THOROUGHFARES AND PUBLIC PLACES AND TRADING LOCAL LAW 2012

(Application to be submitted no later than 10 working days prior to trading)

Please email your application to colshire@collie.wa.gov.au

PERMIT HOLDER'S DETAILS				
Name/s				
Postal Address				
Telephone	Home:		Mobile:	
Email				
APPLICATION DETAILS				
PERMIT TYPE	☐ Trading Permit	☐ Stall Holder Permit	☐ Performers Permit	
ACTIVITY TYPE	☐ Mobile Vendor	☐ Stall Holder	☐ Information/Salesperson	
NATURE OF ACTIVITY	☐ Food Stall	☐ Raffle	☐ Fundraising	
	☐ Other:			
LOCATION OF ACTIVITY				
NUMBER OF STAFF/ASSISTANTS		DATES & HOURS OF OPERATION		
PERIOD OF PERMIT REQUIRED & FEES				
☐ Application Fee (Commercial/For Profit Only) - \$87				
☐ Application Fee (Including Permit Fee) - Not-for-Profit Organisations - \$50				
☐ Application Fee (Including Permit Fee) - Local Community Groups & Local Fundraising – FREE				
PERMIT LENGTH				
1 Day - \$20 ☐	1 Week - \$80 ☐	1 Month - \$240 ☐	1 Year - \$2 000 ☐	
☐ Application Fee – Signage – 1 Year - \$150				
☐ Application to Amend an Issued Trading Permit - \$87				
			TOTAL	

APPLICATION REQUIREMENTS

☐ Copy of Third-Party Public Liability Insurance (minimum \$10 million)	☐ ACNC Charity Registration (Not-For-Profit Only)
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☐ Copy of Standard Lotteries (Raffles) Application (where required)

ADDITIONAL INFORMATION – MOBILE VENDOR (FOOD BUSINESSES)

LOCAL AUTHORITY (Where Food Business is registered)			☐ Copy of current Food Business Certificate supplied
FOOD BUSINESS RISK CATEGORY	☐ HIGH	☐ MEDIUM	☐ LOW

For information on food business risk classification, please contact your Local Government Environmental Health Officer, or the Department of Health.

DECLARATION

I declare that all details in the form are true and correct. As the permit holder I indemnify and shall hold indemnified the Shire of Collie and the Minister for Lands from and against all actions, claims, demands, losses, costs and expenses which the Shire or the Minister for Lands sustains or incurs as a result of the approved activity.

Signature of Applicant(s)

Date

Office Use Only

Received By:

Date Paid:

Reference Number: