



**Environmental Health Services**

# APPLICATION FOR STALLHOLDER'S/TRADER'S PERMIT

Activities in Thoroughfares and Public Places and  
Trading Local Law 2003

## APPLICANT DETAILS

|                        |      |         |
|------------------------|------|---------|
| Name of proprietor(s): |      |         |
| Postal address:        |      |         |
| Phone:                 | Fax: | Mobile: |
| Email:                 |      |         |

## STALL DETAILS

|   |       |        |                 |
|---|-------|--------|-----------------|
| Name of stall:  |       |        |                 |
| Site address (if applicable):                         |       |        |                 |
| Location of site for which the permit is sought:      |       |        |                 |
| General description of stall (e.g. van, table, tent): |       |        |                 |
| If the stall is a vehicle                             | Make: | Model: | Registration #: |
| Description of good(s) or service(s) for sale/hire:   |       |        |                 |

## DATES AND HOURS OF OPERATION

| Type of stallholders permit:   | <input type="checkbox"/> Day | <input type="checkbox"/> Week | <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 12 months |               |
|--|------------------------------|-------------------------------|-----------------------------------|-----------------------------------|------------------------------------|---------------|
| Dates for which the permit is sought:  |                              |                               |                                   |                                   |                                    |               |
| Mon  | Tue                          | Wed                           | Thu                               | Fri                               | Sat                                | Sun           |
| Start: am/pm   | Start: am/pm                 | Start: am/pm                  | Start: am/pm                      | Start: am/pm                      | Start: am/pm                       | Start: am/pm  |
| Finish: am/pm  | Finish: am/pm                | Finish: am/pm                 | Finish: am/pm                     | Finish: am/pm                     | Finish: am/pm                      | Finish: am/pm |
| To operate on a public holiday? <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                               | If yes, which public holiday(s)?  |                                   |                                    |               |

## ADDITIONAL INFORMATION

|  |                          |                          |
|--|--------------------------|--------------------------|
| Please tick (✓) <b>all</b> boxes that apply  | <b>Yes</b>               | <b>No</b>                |
| I have read and will comply with the temporary food premises guidelines and handwashing guidelines.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I represent a charitable/eligible community organisation and wish to apply to waive the permit fee.  | <input type="checkbox"/> | <input type="checkbox"/> |
| The following is to be provided with this application. Please ensure all boxes are ticked (✓) before submitting form.  |                          |                          |
| <input type="checkbox"/> An accurate site plan and description of the proposed tables and chairs, with walkway maintained.   |                          |                          |
| <input type="checkbox"/> Permit fee.   |                          |                          |
| <input type="checkbox"/> Copy of public liability insurance Certificate of Currency (minimum \$10M) indemnifying the City against any claim resulting from these activities. |                          |                          |


| OFFICE USE ONLY         |                      |
|-------------------------|----------------------|
| Payment received: _____ | Payment: \$ _____    |
| Record #: _____         | Premises code: _____ |

I/We declare that all details in this form are true and correct.


\_\_\_\_\_  
Signature of applicant


\_\_\_\_\_  
Date

Once this application has been completed, please return it to the City via any of the below methods.

 Email      Scan and email to  
enquiries@karratha.wa.gov.au

 Fax      Fax to  
08 9185 1626

 Mail      City of Karratha  
PO Box 219  
KARRATHA WA 6714

 In person      Visit the Administration Office at  
Welcome Road  
KARRATHA WA 6714