



App No.
Office Use Only

APPLICATION FOR PERMIT TO RUN A TEMPORARY FOOD VENDING BUSINESS ON PRIVATE LAND.

Full Name of Applicant _____

Postal Address _____

Address where food stored/ prepared _____

Telephone Number _____ Email _____

Name & contact phone number of person normally in charge of the stall:

Type of Goods to be Sold/Hired out _____

Size of Occupied Area _____

If there is a Stall

Method of Construction _____

NB: Food stalls are to comply with the Shire of Denmark "Health
Requirements for Temporary Food Stalls at One Day Functions".

Location/s where Business will be established:

License Required for: _____

Date/s _____ Times _____

Or

Days of the week: _____

Duration: Days _____ Weeks _____ Months _____ 6 Months _____

Note: Maximum period 12 Months (unless revoked by property owner)

The above named applicant hereby applies for the issue of a Permit in respect to the above mentioned business.

Dated the _____ day of _____ 20 _____

Signature of Applicant

Name of Property Owner

Signature of Property Owner

Contact phone number and email of Property Owner: _____

Note: 2010-2011 Application Fee is \$100