Application to Operate a Mobile Shop from a Public Place



Applicant's Details (individual, company or organisation)

Given name:			
Surname:			
Company name (if releva	ant)		
Postal Address:		Postcode:	
Contact Details			
Given name:			
Surname:			
Role (E.g. manager, er	mployee, sales person etc):		
Daytime Ph:	A/H Ph:		
Mobile No.:	Email:		
Trading Details			
Item/s you want to sell			
□Coffee	□Fruit & Vegetables		
□Fish	□Ice Cream		
□Other			
If other, please specify			
Trading times:			
☐ Morning	☐ Afternoon	☐ Full Day	
Vehicle make, model and	d registration number (if applicable)	:	
NB:.A separate application sites.	on form and fee will be required for	additional vehicles or	
Payment: I have attached the follow ☐ Cash	wing amount of \$214.00 □ Cheque		
	nce to Operate a Mobile Shop unde Council Trading in Public Places by		
☐I understand & have re	ead the bylaw requirements/Info pa	ck.	
Applicant's Signature:		Date:	

Office Use Only	Date Received	\
Registration approved: Yes / No	Date Received	
Certificate No.:	_	
Issue date:		
Expiry date:)
	Receipt No.:	
116.		

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