

# APPLICATION TO TRADE IN A PUBLIC PLACE

Town of Cambridge Trading In Public Places Local Law



Town of  
Cambridge

1 Bold Park Drive  
Floreat WA 6014  
Telephone: 9347 6000  
www.cambridge.wa.gov.au

APPLICANT'S DETAILS	
Business Name:	
Applicant Name:	
Residential Address:	Postcode:
Postal Address:	Postcode:
Email:	
Phone:	Mobile:
Are you a fundraising organisation for charity or a community group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the community group or charity 'not for profit'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of charity/community group:	

Hereby make application for a Trader's Permit pursuant to Town of Cambridge Trading in Public Places Local Law.

## DETAILS OF PROPOSED STALL (PLEASE COMPLETE ALL)

1. LOCATION OF PROPOSED SITE FOR WHICH PERMIT IS SOUGHT

2. DESCRIPTION OF STALL PROPOSED TO BE USED BY THE APPLICANT

3. NATURE OF GOODS OR SERVICE (DESCRIBE WHAT THE GOODS OR SERVICES ARE, DESCRIBE HOW THE GOODS WILL BE DISPLAYED SOLD AND/OR SERVICES OFFERED)

4. DESCRIPTION OF PROPOSED STRUCTURE OR VEHICLE TO BE USED (PLEASE ATTACH YOUR PLAN FOR A PROPOSED STRUCTURE/VEHICLE)

**5. IS FOOD OR BEVERAGES TO BE SOLD OR PROVIDED?**YES  NO 

If Yes, the applicant must also complete a Stallholder Application Form and submit to the Town along with the requested documents listed on the application form. Please obtain a copy of the form by visiting the Town's website.

**6. ADDITIONAL INFORMATION**

Number of assistants:

Proposed dates of operation:

Proposed hours of operation:

**7. PLEASE ATTACH A COPY OF YOUR CURRENT PUBLIC LIABILITY INSURANCE**Public liability insurance attached: **8. IS A COPY OF THE BUSINESS REGISTRATION ISSUED BY THE AUSTRALIAN SECURITIES AND INVESTMENT COMMISSION (ASIC) ATTACHED?**Yes  No 

(If No, business registration from Dept of Mines, Industry, Regulation and Safety is required to process this application)

**9. \$80 FEE**Fee of \$80.00 (1 day to week) is attached to this application:  (Charity and 'not-for profit' organisations exempt)**APPLICANT DECLARATION**

Signature:

Name:

Date:

**OFFICE USE ONLY**

Fee:

Receipt No:

Accepting officer:

Date payment received: