

Shire of Coolgardie Application for Mobile Food Vendor Permit

APPLICANT DETAILS

NAME	PHONE

ADDRESS

Lot no.	Street no.	Street
Suburb		

EMAIL ADDRESS

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BUSINESS DETAILS

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Has a Food Registration Form for this business been submitted?

YES ☐

NO ☐

ADDRESS WHERE VEHICLE IS NORMALLY PARKED

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VEHICLE MAKE

VEHICLE MODEL

VEHICLE REGISTRATION

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Is this the same address where the food stocks for the business are stored?

YES ☐

NO ☐

If no, please specify storage address: _____

AREA OF PROPOSED TRADING (please be as detailed as possible)

Please also clearly mark proposed area/s of operation on the map provided.

APPLICANT DECLARATION

By signing this document, I / we (the applicant/s) agree to abide with any Food Safety documentation provided to us by the Shire of Coolgardie in relation to the event subject to this application, and that non-compliance may jeopardise any future applications made by us.

SIGNATURE

DATE

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**Please note – associated application fees are non-refundable.*