



**SHIRE OF  
HARVEY**

*A Breath of Fresh Air*

## Application for Trader's Permit

### Activities and Trading in Thoroughfares and Public Places Local Law

**Telephone:** 08 9729 0300  
**Website:** <https://www.harvey.wa.gov.au/>  
**Email:** [shire@harvey.wa.gov.au](mailto:shire@harvey.wa.gov.au)  
**Address:** 102 Uduc Road, Harvey 6220

<b>Applicant Name:</b>			
<b>Business/Stall Name:</b>			
<b>Residential/Street Postal Address:</b>			
<b>Mobile:</b>		<b>A/H:</b>	
<b>Email:</b>			
<b>ABN / ACN:</b>			

#### Details of Proposed Trading

<b>Method of trading</b> (eg: stop and serve, selling from a fixed site/s):			
<b>Location or part of the Shire for which a permit is required:</b>			
<b>Description of stand, table, structure of vehicle proposed to be used by Applicant:</b>			
<b>Vehicle Make &amp; Registration No.</b> (if applicable):			
<b>Public Liability Insurance:</b>	<input type="checkbox"/> Yes (copy provided)	<b>Expiry Date:</b>	
<b>Specify the goods, foods or service you intend to sell, promote or provide:</b>			
<b>NOTE: If sale of food is proposed, a Food Business Registration form must be completed and submitted . Documented evidence of food safety training has been completed must be provided.</b>			
<b>Proposed Days of Operation:</b>		<b>Proposed Hours of Operation:</b>	



<b>Period for which the Trading Permit is sought:</b>	
<b>How many people will assist in the trade:</b>	
<b>Names and Addresses of person/s assisting in Trade:</b>	
1.	
2.	

**Attached is** (please tick):

<input type="checkbox"/>	An accurate site lay-out plan with description of all proposed stands, structures or vehicles which may be used for the proposed trading (please include photographs and/or aerial map where possible);
<input type="checkbox"/>	A copy of current public liability certificate for a minimum of \$20 million dollars;
<input type="checkbox"/>	A copy of the current Certificate of Registration of Food Business and food safety training documents, if sale of food is proposed;
<input type="checkbox"/>	A copy of permission by landowner to utilise the space;
<input type="checkbox"/>	Application fee - refer to <a href="#">Health Services Schedule of Fees and Charges</a> .

**Declaration**

I have provided all of the information required.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Dated

<b>Office Use:</b>	Doc No. _____
<input type="checkbox"/>	Site Plan provided
<input type="checkbox"/>	Current Public Liability Certificate (Expiry date: _____)
<input type="checkbox"/>	Certificate/Registration Food Business (if applicable)
<input type="checkbox"/>	Application payment made
Comments:	_____
	Date of Approval: _____
Assessing Officer: _____	Permit Document No. _____