

ACTIVITIES ON THOROUGHFARES AND TRADING IN THOROUGHFARES AND PUBLIC

PLACES LOCAL LAW

# Shire of Kojonup

**APPLICATION FOR STALLHOLDER’S PERMIT**

To: CEO

Shire of Kojonup

PO Box 163

Kojonup WA 6395

I, .............................................................................................................................................................................. (Full Name)

of................................................................................................................................ …………………….(Residential Address)

......................................................................................................................................................................... (Postal Address)

............................................................................................................................................................................... (Occupation)

.................................................................................................................................................................. (Telephone Number)

apply for a stallholder’s permit under the Shire of Kojonup Activities on Thoroughfares and Trading in Thoroughfares and Public Places Local Law.

**Details of Proposed Stall**

Location of proposed site for which the permit is sought: ..........................................................................................................

....................................................................................................................................................................................................

Description of stall/s proposed to be used by the applicant: ......................................................................................................

....................................................................................................................................................................................................

Kind of goods or service intended to be sold or hired: ...............................................................................................................

....................................................................................................................................................................................................

Number, names and addresses of assistants: ...........................................................................................................................

....................................................................................................................................................................................................

…………………………………………………………………………………………...…………………………………………………...………………………………………………………………………………………………….…………………………………………….

Proposed days of operation: ......................................................................................................................................................

Proposed hours of operation: .....................................................................................................................................................

Period for which the permit is sought: ........................................................................................................................................

Signature of Applicant: ………………………………………………………. Date: ………………………………………