



Shire of Coolgardie Application for Mobile Food Vendor Permit

APPLICANT DETAILS

NAME	PHONE
<input type="text"/>	<input type="text"/>

ADDRESS

Lot no.	Street no.	Street
Suburb		

EMAIL ADDRESS

BUSINESS DETAILS

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

Has a Food Registration Form for this business been submitted? YES NO

ADDRESS WHERE VEHICLE IS NORMALLY PARKED

VEHICLE MAKE	VEHICLE MODEL	VEHICLE REGISTRATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

<input type="text"/>
<input type="text"/>
<input type="text"/>

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
<input type="text"/>	<input type="text"/>

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