



**SHIRE OF
HARVEY**

A Breath of Fresh Air

Telephone: 08 9729 0300

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Email: shire@harvey.wa.gov.au

Address: 102 Uduc Road, Harvey 6220

Application for Trader's Permit

Activities and Trading in Thoroughfares and Public Places Local Law

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

Details of Proposed Trading

Method of trading (eg: stop and serve, selling from a fixed site/s):			
Location or part of the Shire for which a permit is required:			
Description of stand, table, structure of vehicle proposed to be used by Applicant:			
Vehicle Make & Registration No. (if applicable):			
Public Liability Insurance:	☐ Yes (copy provided)	Expiry Date:	
Specify the goods, foods or service you intend to sell, promote or provide:			
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.			
Proposed Days of Operation:		Proposed Hours of Operation:	

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

Attached is (please tick):

☐	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);
☐	A copy of current public liability certificate for a minimum of \$20 million dollars;
☐	A copy of the current Certificate of Registration of Food Business and food safety training documents, if sale of food is proposed;
☐	A copy of permission by landowner to utilise the space;
☐	Application fee - refer to Health Services Schedule of Fees and Charges .

Declaration

I have provided all of the information required.	
_____	_____
Signature of Applicant	Dated

Office Use:	Doc No. _____
☐ Site Plan provided ☐ Current Public Liability Certificate (Expiry date: _____) ☐ Certificate/Registration Food Business (if applicable) ☐ Application payment made	
Comments: _____	
Date of Approval: _____	
Assessing Officer: _____	Permit Document No. _____