Telephone: (08) 9780 4200 Facsimile: (08) 9731 1677

Email: shire@donnybrook.wa.gov.au Website: www.donnybrook-balingup.com.au

Postal Address: PO Box 94 Cnr Bentley & Collins Streets Donnybrook WA 6239



TRADERS PERMIT APPLICATION

1. Trading Name (if applicable):			
Applicant Name:			
Postal Address:			
Home Phone:	Mobile:		
2. Location(s) applicant proposes to tra-	de:		
3. Days(s):	Hours: From		То
4. Description of stand, structure or veh	icle to be used:		
An accurate plan (or photos) of the with this application.	e proposed stand, sti	ructure or vehicl	e is to be attached
5. Specify goods, wares, merchandise	or services:		
6. Full name & addresses of any assista	ants:		
7. Electrical equipment has been tested	I and tagged: YES	NO	N/A (none used)
8. A copy of current Public Liability Insu	rance must be attache	ed.	
If food vehicle, a copy of current Food Local Government Authority in which	•	n Certificate mus	be attached (issued by
I hereby confirm that I indemnify the any person or any damage to any propublic place by the undersigned. I happlication and do agree to abide by	operty which may oc nereby apply for a po	cur in connectio ermit as a Trade	n with the use of the er as detailed in this
Applicant Signature	Date		

FEES – TRADERS PERMITS

Please circle appropriate

Licence Fee for 1 year	\$520.00
Licence Fee for 6 months	\$440.00
Licence Fee for 3 months	\$320.00
Licence Fee for 1 month	\$210.00
Licence Fee per day	\$31.00