

The information collected on this form is for the purpose contacting stall holders and complying with operational requirements. All information is kept confidential and will not be disclosed to third parties.

PART 1 - Stall holder & Applicant Details

1. Applicant Details

Name:	
street:	
suburb:	postcode:
Phone:	Mobile:
Email:	
Emergency contact:	Phone:

2. Business details

Business Name:	
Trading As:	
ABN:	
Product Type:	
Frequency of Attendance:	
Power Requirements:	Amps:
Other Requirements:	

PART 2 - Certificate Details

3. Certificate requirement

Please tick (✓)
(all certificates must be
kept on site and produced
upon request)

Public/ Product Liability Insurance	<input type="checkbox"/>	Exp Date	<input type="text"/>
Workers Compensation	<input type="checkbox"/>	Exp Date	<input type="text"/>
Organic Certification	<input type="checkbox"/>	Exp Date	<input type="text"/>
NSW Food Authority	<input type="checkbox"/>	Number	<input type="text"/>
Other	<input type="text"/>		

4. Parking requirements

Vehicle details	Rego <input type="text"/>	Make <input type="text"/>	Body type <input type="text"/>
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Parramatta City Council
30 Darcy Street, Parramatta 2150
PO Box 32 Parramatta 2124

Property Asset Management Officer
Telephone: 9806 5098
Fax: 9806 5913
Email: aelliott@parracity.nsw.gov.au

OFFICE USE ONLY

Date: Bond: \$ Receipt #: Stall#:

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PART 3 - Payment Details

5. Payment method

Method

Amount

Cash

\$

Cheque

\$

PART 4 - Applicant Declaration

6. Applicant declaration

I declare that all the information in the application and checklist is, to the best of my knowledge, true and correct.

yes

no

Applicant's signature

date:

PART 5 - Council Officer Declaration

7. Officer declaration

I declare that this application is, to the best of my knowledge, complete including all fees.

yes

no

Officer's signature

date: