## APPLICATION FOR SPECIAL EVENTS PERMIT FOOD VEHICLES & TEMPORARY FOOD OUTLETS

Food Act 2008



## **Privacy**

at the event:

The personal information collected on this form will only be used by the City of Perth for the sole purpose of providing requested and related services. Information will be stored securely by the City and will not be disclosed to any third parties without your express written consent.

**Instructions:** Please print clearly using **black pen** in the spaces provided. The completed form and fee must be returned to the City prior to the event.

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	www.pertin.wa.gov.au
1. Proprie	tor details (details of the person or company legally responsible for the business)
Proprietor nam	e:
ABN/ACN	
Mailing address	S:
Postcode:	Telephone:
Mobile:	Facsimile:
Email:	
Contact name:	
Primary	
language:	
copy of your Fo	e a registered food business and approved to trade at temporary events. Please submit a <b>bod Business Registration</b> with this application along with; <b>bur food stall (if applicable) ur Public Liability Insurance</b>
2. EVENT	
Name of Event: Location:	Date/s of Event:
3. VEHICL	E DETAILS or PLAN OF STALL
Type of Vehicl	e: Registration No:
Description of food being sol	

## 4. PAYMENT METHOD

Circle appropriate fee: (Fees applicable for the financial year 2016/2017)			
☐ Temporary Special Events Permit \$70 (incl GST)	☐ Annual Special Events Permit \$160 (incl GST)		
☐ Notification Fee \$60 (incl GST)	☐ Twilight Hawkers Market Permit \$315 (incl GST)		
Please indicate your preferred method of payment:  In person at Customer Service, Council House, 27 St Georges Tce, Perth Cheque (please make payable to the City of Perth) Money Order (please make payable to the City of Perth) Credit card (Visa, Mastercard or Amex)			
NOTES: For security reasons, the City of Perth cannot accept written credit card details.			
Therefore, please provide the name as displayed on your credit card, and sign below to <b>authorise</b> the City of Perth to <b>debit</b> that credit card.			
The City of Perth will contact you to obtain your credit card number.			
Name on Card:			
Signature:	Date:		
<u>Declaration</u>			
I, the person making this application declare that the information contained in this application is true and correct in every particular.			
Signature:	Date:		
Response Time: 14 Working Days from date of receipt.			
Please Note: This form is available in alternative languages and formats on request.			