**APPLICATION FOR STREET TRADING**

This is a: [ ]  renewal of application [ ]  new application

**Applicant Details:**

Business Name: **Click or tap here to enter text.**

Business Street Address: **Click or tap here to enter text.**

Business Postal Address: **(if different from above)**

Business Phone Number: **Click or tap here to enter text.**

Mobile Contact Number: **Click or tap here to enter text.**

Types of products sold: **Click or tap here to enter text.**

**Application Type:**

Please tick all applicable categories

[ ]  Display of merchandise [ ]  Display of signage

[ ]  Footpath dining [ ]  Street stall or selling tickets

[ ]  Casual street vending [ ]  Busking

[ ]  Street vending vehicle (check Mobile Food Vending forms that will also be applicable)

**Public Liability Insurance Details:**

Insurer Name: **Click or tap here to enter text.**

Police Number: **Click or tap here to enter text.**

Liability Limit: **Click or tap here to enter text.**

Validity to: **dd/mm/yyyy**

**Days and Hours of Operation:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
| **OPEN** | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |
| **CLOSE** | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 | 00:00 |

**Area of footpath to be taken up by proposed activity:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **LENGTH (m)** | **WIDTH (m)** | **AREA (m2) (L x W)** |
| **AREA 1** | 0 | 0 | 0 |
| **AREA 2** | 0 | 0 | 0 |
| **AREA 3** | 0 | 0 | 0 |
| **TOTAL AREA** | 0 |

**Furniture required for outdoor dining (if applicable):**

Number of tables: 0 Number of chairs: 0

Description of any other type of furniture, equipment or signage to be placed on footpath:

**Click or tap here to enter text.**

**Indemnity and Signature:**

I confirm that I am authorised to sign on behalf of the above business / applicant and hereby indemnify Coonamble Shire Council against any and all claims that may arise, whether from negligence or otherwise as a result of the activity, described above, within the road reserve at the location specified in this application.

Name: **Print Name here** Date: **dd/mm/yyyy**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please print this form, sign, scan and return to council@coonambleshire.nsw.gov.au)*