**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)*