

SHIRE OF DOWERIN

13 Cottrell Street PO Box 111 DOWERIN WA 6461

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TEMPORARY EVENTS PERMIT APPLICATION FORM

1. Name, location, date(s) and time(s) of event::

Name:

Location:

Date(s):

Time(s):

2. Name, address and postal address (if different) of company/body responsible for the event:

Name:

Address:

Postal Address:

3. Name and contact details of event organiser/coordinator or person responsible for organising/coordinating food stalls:

Name:

Postal Address:

Telephone: (business hours)

(after hours)

Mobile:

Fax:

Details of stalls and stall holders:

| Name and / or number of stall | Name of stallholder or name of food business and proprietor | Address of stallholder <i>or</i> food business | Phone, mobile and fax numbers of stallholder / food business | Types of food to be sold |
|----------------------------------|--|--|---|--------------------------|
| | | | Ph; | |
| | | | Mobile: | |
| | | | Fax: | |
| | | | Ph: | |
| | | | Mobile: | |
| | | | Fax: | |
| | | | Ph: | |
| | | | Mobile: | |
| | | | Fax: | |
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