

# BLANKET STALLHOLDER APPLICATION

395 Fitzgerald Street  
PO Box 613  
NORTHAM WA 6401  
P: (08) 9622 6100  
E: records@northam.wa.gov.au  
W: www.northam.wa.gov.au

**Market Organisers are to complete this application annually and Event Organisers per event. Any number of stallholders may be included in the application but a list of names and addresses of stallholders must be submitted to the Shire prior to each market /event. *The Food Act 2008 requires individual food businesses to also provide notification by completion of the Notification for Food Businesses form.***

## **Applicant**

Organisers  
Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email / Fax: \_\_\_\_\_

## **Markets/Event**

Date(s) of  
Operation: \_\_\_\_\_

Hour(s) of  
Operation: \_\_\_\_\_

Name of Market/Event: \_\_\_\_\_

Location of Market/Event: \_\_\_\_\_

## **Other Information Required**

Name, Address & Phone Number of each individual stallholder will be forwarded to the Shire prior to each market event.

**A copy of public liability insurance (Minimum \$20 million)**

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**A site plan indicating the location and designated number of proposed stalls**

☐

**A copy of authorization from the land owner**

☐

**Payment of fee as per Shire of Northam Fees & Charges**

☐

***\*The annual fee allows the approved event or market to operate in the Shire of Northam up to midnight 30 June each year.***

## **Lodgement and Payment of Application**

Fees as per [Shire of Northam Fees and Charges](#)

Fees per application, per event.	
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### **PAY IN PERSON**

At Shire of Northam Office, 395  
Fitzgerald Street, Northam during  
hours 8:30am to 4:30pm Monday to  
Friday.

### **PAY BY MAIL or EMAIL**

Send completed form together with  
your cheque or if paying by credit  
card complete the section provided  
on the right and send to;  
Shire of Northam  
PO Box 613  
Northam WA 6401

or email to  
[records@northam.wa.gov.au](mailto:records@northam.wa.gov.au)

### **PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD**

Name as shown on Card.....

Signature.....

Amount \$.....

Expiry Date...../.....

CCV.....

Card Number:

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**ALL FEES MUST BE PAID IN FULL BEFORE A HEALTH APPLICATION WILL BE  
ACCEPTED**