

# MOBILE OR TRAVELLING SHOP PERMIT APPLICATION FORM

**Please return this form to:** info@adc.govt.nz or Ashburton District Council, PO Box 94, Ashburton 7740

Applicant Details	
Name:	
Date of Birth:	Phone Number:
Trading Name:	
Postal Address:	
Email:	Fax:
Shop Information (please tick where appropriate)	
1.	The goods I will sell are:
2.	Will you sell food?      Yes <input type="checkbox"/> No <input type="checkbox"/> Trading Dates(for single events):
3.	Vehicle Registration:
4.	Please provide the following information with your application: <ul style="list-style-type: none"> <li><input type="checkbox"/> Details of the proposed operation</li> <li><input type="checkbox"/> If food is to be sold, the name of the registered food premises to be used as base for cleaning and storage of food</li> <li><input type="checkbox"/> Fee. (Please refer to ashburtondc.govt.nz for the current fees and charges schedule)</li> <li><input type="checkbox"/> Proposed location(s) - please attach a map showing location(s) if location is not stated in bylaw.</li> </ul>
Signature and Dates	
I hereby make an application for a Mobile or Travelling Shop Permit for the above trade:	
I have also enclosed the required registration fee of \$ <input type="text"/> (Fees are based on a risk analysis and degree of compliance. For more information consult an environmental health officer.)	
Signed: <input type="text"/>	Date: <input type="text"/>

**Note:** Mobile or Travelling Shop is not to be used until licence is issued.

### Office Use Only:

Fee recieved	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Receipt issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspected	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>