

Application for Certificate of Food Stall Registration

Details of Stall Operator

Name: _____

Postal Address: _____

Phone No.: _____

Mobile No.: _____

Fax No: _____

Details of Stall

Trading name of stall: _____

Type of food to be sold: _____

Location of the stall or event name: _____

Please send this form, along with the registration fee of \$60.00 to:

Matamata-Piako District Council

POBox 266

Te Aroha, 3342

Applicant's signature: _____

Date: _____

Office Use Only

Charge code: 429001/560

Receipt No.: _____

Date of Issue: _____

Date Received