

Application to Operate a Mobile Shop from a Public Place

Applicant's Details (individual, company or organisation)

Given name: _____

Surname: _____

Company name (if relevant) _____

Trading as name (to be displayed on certificate) _____

Postal Address: _____ Postcode: _____

Contact Details

Given name: _____

Surname: _____

Role (E.g. manager, employee, sales person etc): _____

Daytime Ph: _____ A/H Ph: _____

Mobile No.: _____ Email: _____

Trading Details

Item/s you want to sell

Coffee

Fruit & Vegetables

Fish

Ice Cream

Other

If other, please specify _____

Trading times:

Morning

Afternoon

Full Day

Vehicle make, model and registration number (if applicable): _____

NB: A separate application form and fee will be required for additional vehicles or sites.

Payment:

I have attached the following amount of \$310.00

Cash

Online

Eftpos

If Paying by Internet Banking please use the following details:

Account Name: Matamata-Piako District Council

Bank: Bank of New Zealand

Branch: Te Aroha

Bank Account No: 02 0436 0021611 00

Payee Name: < your name >

I hereby apply for a Licence to Operate a Mobile Shop under the provisions of the Matamata-Piako District Council Trading in Public Places bylaw 2008.

I understand & have read the bylaw requirements/Info pack.

Applicant's Signature: _____ Date: _____

| | |
|--------------------------------------|--------------------|
| Office Use Only | |
| Registration approved: Yes / No | Date Received |
| Certificate No.: _____ | |
| Issue date: _____ | |
| Expiry date: _____ | |
| <input type="text" value="116."/> | Receipt No.: _____ |

