



Application for Licence as Itinerant Food Vendor

Schedule 1
HEALTH ACT 1911

To: Chief Executive Officer
City of Nedlands
PO Box 9 NEDLANDS
WA 6909

Applicant Details

Name of Applicant _____

Business Name _____

Address _____

Mobile _____ email _____

Operation Details

Place where vehicle, food and trade utensils are stored

Details of Vehicle or Means of Carriage _____

Signature _____ Date _____

- *Application ultimately determined by the Council.*
- *Please contact the City's Health Services to obtain relevant information required to support your application.*
- *A fee of \$180.00 is to be submitted with this application.*
- *License issued is valid until the next 31 December following the date of issue.*