

**SHIRE OF YILGARN**

**HEALTH ACT 1911**  
**APPLICATION FOR LICENCE AS ITINERANT FOOD VENDOR**

To: Chief Executive Officer  
Shire of Yilgarn

Name (in full) of  
Applicant:.....

Place of  
Residence:.....

Business/Trading  
Name & Address:.....

.....

Describe type of food(s) for  
sale:.....

Are foods produced solely by you?:.....

Name of person operating food  
vehicle:.....

Place where Vehicle, Food and Trade Utensils are  
stored:.....

Details of Vehicle or means of  
carriage:.....

Proposed dates/time and location of operation within the Yilgarn District:  
.....  
.....

Dated this ..... day of .....

Application fee of \$180.00 is attached.

.....  
Signature of Applicant

Telephone: .....