



SHIRE OF COOROW

Leeman Administration Centre
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TEMPORARY EVENTS PERMIT APPLICATION FORM

1. Name, location, date(s) and time(s) of event::

Name:

Location:

Date(s):

Time(s):

2. Name, address and postal address (if different) of company/body responsible for the event:

Name:

Address:

Postal Address:

3. Name and contact details of event organiser/coordinator or person responsible for organising/coordinating food stalls:

Name:

Postal Address:

Telephone: (business hours)

(after hours)

Mobile:

Fax:

Details of stalls and stall holders:

Name and / or number of stall	Name of stallholder or name of food business and proprietor	Address of stallholder or food business	Phone, mobile and fax numbers of stallholder / food business	Types of food to be sold
			Ph; Mobile: Fax:	
			Ph: Mobile: Fax:	
			Ph: Mobile: Fax:	
			Ph: Mobile: Fax:	