

APPLICATION FOR A PERMIT TO CONDUCT AN ACTIVITY ON A THOROUGHFARE OR PUBLIC PLACE 2026-2027 Financial Year

To be returned no later than 14 days prior to the requested date to:

Principal Environmental Health Officer

PO Box 54, CLAREMONT WA 6910

Email: toc@claremont.wa.gov.au

1. APPLICANT DETAILS

Surname: _____ First Name: _____

Business Name (if applicable): _____

Postal Address: _____

Postcode: _____ E-mail: _____

Mobile: _____ Telephone: _____

ABN/ACN: _____ Registered Charity: _____

2. TRADING/BUSKING DETAILS

Proposed day(s) for which the Permit is sought: _____
(Please note that street trading in CBD is limited to Monday, Wednesday and Friday only)

Proposed hours of trade: _____
(Please note that street trading in CBD is limited to the hours of 10:00am – 3.00pm hours only)

Specific location of the proposed site: _____

Description of stall/stand, structure or vehicle used for trading (including plans and /or photographs):
(Please note maximum 3 staff permitted at the location at any one time)

The type of goods, wares, merchandise or services proposed:

Proposed type of music/performance (busking permit only): _____

Property owner's permission sought (busking permit only)? Yes / No (If yes, provide evidence)

Is the application being made on behalf of a charitable organisation as defined under the
Charities Act 2013 (Please circle)? Yes / No (If yes, fill out part 3)

NB: Making an application is not approval to trade within the Town of Claremont.

3. FEES

Traders daily permit fee: \$43.00

Buskers daily permit fee: \$21.00

4. REQUEST TO WAIVE FEES

(Only to be completed by organisations defined as a charity under the Act or community groups as defined at not for profit)

I, of the state that I am acting on behalf of a 'Charitable Organisation' as defined in the Town of Claremont *Activities on Thoroughfares and Public Places Local Law* and therefore request that the applicable fees be waived.

Signed _____

Date _____

Please attach correspondence from the Department of Commerce to show the nature of the organisation and authority to undertake street collections, where a community group, please attach documentation showing not for profit status.

5. PAYMENT METHOD

Please indicate your preferred method of payment (call 9285 4300 to pay by phone):

- ☐ Cheque (please make payable to the Town of Claremont)
- ☐ Money Order (please make payable to the Town of Claremont)
- ☐ Credit card (Visa or Mastercard only)

NOTE: For security reasons, the Town of Claremont Health Services **cannot accept written credit card details**. Therefore, please provide the name as displayed on your credit card, and sign below to **authorise** the Town of Claremont to **debit** that credit card.

The Town of Claremont will contact you to obtain your credit card number.

Name on Card: _____

Signature: _____ **Date:** _____

6. DECLARATION

(By completing this application you make the following declaration):

I/We agree to abide by all conditions of the Activities on Thoroughfares and Public Places Local Law. I/We agree to indemnify the Town of Claremont against all actions, suits, claims, damages, losses and expenses made against or incurred by the Town of Claremont arising from any activity, action or thing performed or erected in accordance with the Permit.

Signature: _____ **Date:** _____

Privacy

The personal information collected on this form will only be used by the Town of Claremont for the sole purpose of providing requested and related services. Information will be stored securely by the Town and will not be disclosed to any third parties without your express written consent.

Copyright

I authorise the Town of Claremont to reproduce any attachments provided with this form for internal purposes only.

Post: P.O. Box 54
Claremont, WA 6910

In person: Number One Claremont
308 Stirling Highway
Claremont, WA 6010

Contact:

Phone: (08) 9285 4300

Email: toc@claremont.wa.gov.au

Website: www.claremont.wa.gov.au