

- State whether you are holder of Trade Fee Receipt
in any Local Authority: Yes No
- State whether you are a holder of any stall in any other Market/Fair
in any Local Authority: Yes No
- State whether you are employed: Yes No

If yes: state Name of Employer:

Post Held:

Actual salary:

No of years holding such employment:

- State whether you are actually operating in a Market/Fair: Yes No

If yes mention the Market/Fair: Lallmatie Central Flacq Camp de Masque Pavé

Type of activity being carried out:

Sale of: Haberdashery Food Fruit Groceries Vegetable

Others::

Whether operating on a stall: Yes No

If yes, state the stall number:

Name of stall holder:

Whether consent has been obtained from the occupier to trade on the stall: Yes No

If yes (written consent to be submitted)

State the number of years trading in the Fair:

If no consent has been obtained, state whether you are renting the said stalls.

Yes No

State whether any attendance have been recorded by officers of the Council regarding occupation of these stalls.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

No. of years attendances have been recorded.

One Year Two years Three years

State whether you are operating as hawker:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer

The Council does not bind itself to accept any application nor will assign any reason for the rejection or non acceptance. It also reserves the right to award the stalls without any obligation to inform the applicant.

I declare that all information given above are true and best of my knowledge and at any moment I will not engage in any corrupt practice in the exercise to be allocated a stall.

I am aware that incomplete, inadequate or inaccurate filling of the form may cause my elimination from this exercise. It is an offence to give false information or to conceal any relevant information. This may lead to my application being rejected or revocation of a stall already allocated.

Signature:

Date:

FOR OFFICE USE ONLY

Officers examining the application

signature

- (i)
- (ii)
- (iii).....
- (iv).....

Observation:

.....

Recommendation:

.....

Public Health Committee:

Date:

Outcome:

Council Meeting:

Date:

Outcome:

Any remarks:

.....

DS/hm