

THE DISTRICT COUNCIL OF FLACQ

PUBLIC HEALTH DEPARTMENT

EXPRESSION OF INTEREST

NOITCE NO.: EOI/4/2024/2025

OCCUPATION OF VACANT STALLS AT BEL AIR MARKET/FAIR

Name of Applicant :

Address of Applicant :

Identity Card Number :

Gender : Male Female:

Age :

Telephone Number : (Home).....

: (Mobile).....

SN	ACTIVITY (Please Tick only one)	
1	Potato/Onion/Ginger/Garlic	
2	Vegetable	
3	Fruits	
4	Coconut	
5	Biofarming	
6	Groceries	
7	Precooked Food	
8	Cooked Food	
9	General Retailer / Eggs	
10	Fish	
11	Juice/ Alouda	
12	Poultry	

13	Goat / Venison	
14	Beef	
15	Pork	
16	Shoemaker	
17	Tailor (Male)	
18	Tailor (Female)	
19	Hairdresser (Male)	
20	Hairdresser (Female)	
21	Mobile Repair	
22	Florist	
23	Pooja Saman	
24	Haberdashery	
25	Others.....	

(i) Whether Holder of any stall/ booth in any other market/ fair: Yes No

If Yes, give details:
.....
.....

(ii) Whether trading as stallholders at Bel Air Private open fair: Yes No

If Yes, give details:
.....
.....

Number of years operating at the said fair:

Stall Number:

Number of stalls being occupied at the said fair:

Whether operating personally: Yes No

If No, state Name of person helping at the said business,

Name:

State relation: Son/ Daughter/ Wife/ or others:

Whether you have any employee: Yes No

If Yes, state number:.....

Give details: Name:
.....

(iii) Employment History

Whether actually employed: Yes No

If Yes, give: Name of Employer:

Address of Employer:

(iv) Whether holder of a Business Registration Card/ Exemption certificate/ Licence/ Trade Fee Receipt

Yes No

If Yes, give details:

.....
.....

(v) (a) Whether agreeable to pay a yearly rental fee.

	Yes	No
Rs 8,400 for vegetables (Fruits, cakes, newspaper, General Retailer, eggs, Precooked food)	<input type="checkbox"/>	<input type="checkbox"/>
Rs 18,000 (Meat, fish, poultry, venison, goat, beef)	<input type="checkbox"/>	<input type="checkbox"/>
Rs 19,200 (selling food with cooking facilities) (Type A)	<input type="checkbox"/>	<input type="checkbox"/>
Rs 18,000 (selling food with cooking facilities) (Type B)	<input type="checkbox"/>	<input type="checkbox"/>
Rs 16,800 (selling food with cooking facilities) (Type C)	<input type="checkbox"/>	<input type="checkbox"/>
Rs 15,600 (selling food with cooking facilities) (Type D)	<input type="checkbox"/>	<input type="checkbox"/>
Rs 15,000 (Haberdashery, shoemaker, tailor, hairdresser, mobile repair, florist, Pooja saman)	<input type="checkbox"/>	<input type="checkbox"/>

(vi) Once the Bel Air New Fair will be operational and in the event you are allocated a stall at the fair, you will no longer operate at the private fair

Yes No

(Tick as appropriate in above boxes.)

If No, state reasons:
.....
.....

Proviso

In event the selected applicant be allocated stall(s), the latter will be required to swear or solemnly affirm through an affidavit that he/she is:

- (a) not holder of any employment;
- (b) not holder of a Trade Fee Receipt/Business Registration Card or any licence from any other authority.
- (c) not holder of any stall in any other Market/Fair

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

Applicant Declaration:

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.

I certify that the information given above is true, and best of my knowledge and in case any information is found to be incorrect, the Council may initiate legal action against me which may lead to revocation of my stall in case same is allocated to me.

Signature of Applicant:

Date:

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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:

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