

THE DISTRICT COUNCIL OF FLACQ

PUBLIC HEALTH DEPARTMENT

EXPRESSION OF INTEREST

Notice No: -DCF/EOI/11/2026

OCCUPATION OF VACANT STALLS AT CENTRAL FLACQ MARKET

Name of Applicant :
Identity Card No :
Address :
Proof of Address to be submitted: CEB/CWA/TELECOM:
Age: Contact No: Home..... Mobile

Status: Single Married Divorced

Gender: Male Female

- **The applicant should apply and tick for one item only.**
- **The Council reserves the right to reject the application for those applying for more than one item.**

• **Application is being made** Vegetable Fish Fruits
for occupation of stall:

• State whether you are holder of Trade Fee Receipt/Business Registration Card or any licence from any Local Authority:
Yes No

If yes, give details.....
.....

• State whether you are a holder of any stall/booth/space/shop in any other Market/Fair
in any Local Authority: Yes No

If yes, give details.....

- State whether you are employed: Yes No

If yes: state Name of Employer:

Post Held:

No of years holding such employment:

- State whether you are operating as hawker: Yes No

Proviso

In event the selected applicant will be allocated a stall/booth, 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 local authority, save and except for applicant already holder of Business registration card related to the activity for growing of fruits and vegetables/ Distributor of General Merchandise/owner of goods vehicles having 'B' Carrier Licence.
- (c) not holder of any stall/booth/space or shop in any other Market/Fair.

Disclaimer

The Council does not bind itself to accept any application nor will assign any reason in case of rejection. It also reserves the right to award any stall without obligation to inform the applicant.

I hereby declare that all information given above are true, correct and to the best of my knowledge. I will not be engaged in any corrupt practices in the selection exercise for the allocation of stalls.

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)

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Observation:

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Recommendation:

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Public Health Committee:

Date:

Outcome:

Council Meeting:

Date:

Outcome:

Any remarks:

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