Application for Use of a Public Place Pursuant to Section 293 of the Local Government Act 2002					
South Waikato District Council Torphin Crescent Private Bag 7 TOKOROA 2392	Telephone: (07) 885 0340 Fax: (07) 885 0718 Email: info@swktodc.govt.nz Website: www.swktodc.govt.nz		Fee: \$Nil		
Applicant Details					
Full Name of Applicant:					
Address:					
Telephone:	Home:		Work:		
Mobile Phone:					
Email:					
Name of Organisation:					
Signature of Applicant:					
Date:					
Details of Application					
Product Being Sold/Displayed:					
Date and Time of Event:					
Premises/Shop Owner's/N	lanager's	Approval			
Name of Premises/Shop:					
Owner's/Manager's Signature:			D	ate:	
Name of Premises/Shop:					
Owner's/Manager's Signature:			D	ate:	
Name of Premises/Shop:					
Owner's/Manager's Signature:			D	ate:	

Notes:

- 1. Charitable Trusts/Clubs and Non-Profit Organisations Application must be supported with letter from your organisation. 2. Please complete all sections of this application form, as a permit cannot be issued unless all information is
- true and correct.