

BALLINA Municipal District for Ballina Town

Mayo County Council

APPLICATION FORM FOR A CASUAL TRADING LICENCE

CASUAL TRADING ACT, 1995

PLEASE COMPLETE IN BLOCK CAPITALS

1. Name of applicant: _____
2. Full postal address: _____

3. Telephone No.: _____
4. Occupation: _____
5. (a) PPS No. (in the case of an individual) _____
(b) Tax Reference No. (in the case of a Company) _____
6. If application is in the name of a Limited Company, the Company Registration Number as supplied by the Companies Registration Office: _____
7. First date on which it is intended to engage in casual trading: _____
8. Description of the goods to be sold: _____

If you were a holder of a previous Casual Trading Licence please quote the following:
Licence No. _____ Expiry Date: _____

To the Local Authority concerned:-

I DECLARE:-

1. That I have not been convicted of two or more offences under the Casual Trading Act, 1995, within three years prior to the date on which I intend to commence casual trading.
2. That the foregoing particulars are correct and I enclose a cheque/bank draft/postal order/money order/cash for €_____ being the fixed under bye-law by the Local Authority under Section 6 of the Casual Trading Act, 1995.

Signature: _____ **Date:** _____

NOTE: (i) Fee of €534.00 to accompany application for 1st four month period and €533 for each of the next four month period. Charge for year is €1600

(ii) Evidence of public liability insurance with indemnity of €1,270,000.00 to be submitted with application.

(iii) Passport Photos x 2.