

COOTAMUNDRA-GUNDAGAI REGIONAL COUNCIL

APPLICATION FOR STREET STALL: 20_____

Organisation: _____

Contact Person & Address:

Phone No.: _____

**PREFERRED DATES FOR STALL (THURSDAY, FRIDAY & SATURDAY WILL BE
ALLOCATED FOR STALL - PLEASE SELECT THREE DIFFERENT WEEKENDS):**

(1) _____

(2) _____

(3) _____

Signature:

Date:

Please attach a copy of Liability Insurance