

Tipperary County Council

* APPLICATION FORM FOR A CASUAL TRADING LICENCE CASUAL TRADING ACT 1995

PLEASE READ THE NOTES OVERLEAF BEFORE COMPLETING THIS FORM
PLEASE COMPLETE IN BLOCK CAPITALS

- (1) Name of Applicant
- (2) Full Postal Address
- (3) Telephone Number (4) Occupation
- (5) (a) PPS No. (in case of an individual)
- (b) Tax Reference No. (in case of a company)
- (6) If application is in the name of 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

Location of Licence: Thurles emplemore pscrea

If you were a holder of a previous Casual Trading Licence please quote the following:

Licence Number Expiry Date

To: **TIPPERARY COUNTY COUNCIL**

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 fee fixed under bye-law by the local authority under section 6 of the Casual Trading Act, 1995.

FOR OFFICAL USE ONLY

SIGNATURE :

DATE :

Rec'd		Amt	
Date		Type	
Conv.		Ref.	