



THE DISTRICT COUNCIL OF SAVANNE

PUBLIC HEALTH DEPARTMENT

EXPRESSION OF INTEREST NOTICE NO 1/2016

Application form for stalls at L'Escalier Market

Surname of Applicant:

Other Name:

Address:

Telephone No:

Section: **Grocery**
(Tick only one)

If others, please specify:

National Identity Card No:
(Copy to be submitted)

Copies of the following should be submitted:

Birth Certificate. Marriage Certificate Employment Registration Card

Rental Book Utility Bills (CEB, CWA or MT)

Holder of any stall/space inside a
Market/Fair or any other place. YES NO

If Yes, please specify:

I, the undersigned, hereby certify that all the above information are true and correct and that I have taken note of all the conditions related to this application to which I agree to abide. I am also aware that should it, at any time be found that any information submitted by me is incorrect, my application and/or award will be automatically cancelled.

Signature of Applicant:

Date of Application:

Expression of Interest – Notice No 1/2016

FOR OFFICIAL USE ONLY

Copy	Submitted	
	YES	NO
NID		
Birth Certificate		
Marriage Certificate		
Utility Bill (CEB, CWA, Phone Bill, Bank Statement, Postal code or such other document as may be accepted by the Council)		
Employment Registration Card		
Rental Book		