

MOBILE & TEMPORARY VENDOR PERMIT

RECORD NO :

FILE NO : 11.71.2.6

APPLICATION FORM

APPLICANT			
BUSINESS NAME		ABN	
CONTACT NAME		POSITION	
POSTAL ADDRESS			
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

DETAILS			
Please attach a site plan on an A4 to this application.			
TYPE OF ACTIVITY	<input type="checkbox"/> SELL GOODS FROM TEMPORARY VENDING BUSINESS (AS PER POLICY) <input type="checkbox"/> TEMPORARY STALL <input type="checkbox"/> MOBILE VENDOR <input type="checkbox"/> FOOD <input type="checkbox"/> BEVERAGES <input type="checkbox"/> OTHER (Please specify) _____ _____ _____		
PERMIT DURATION	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
DATE FROM		DATE TO	
HOURS OF ACTIVITY	MONDAY		
	TUESDAY		
	WEDNSDAY		
	THURSDAY		
	FRIDAY		
	SATURDAY		
	SUNDAY		
PAYMENT	<input type="checkbox"/> INVOICE TO BE SENT (Payment must be made before permit is issued) <input type="checkbox"/> PAYMENT ON LODGEMENT OF APPLICATION – Receipt number _____		

WASTE COLLECTION

Provide a written description of the method of waste collection and disposal of waste generated from the preparation processes, disposal of discarded materials by customers and then where the vendor will dispose of the waste.

Council encourages sustainable waste practices where packaging can be recycled or composted and waste disposal is separated accordingly (eg landfill, recycling and organics waste streams).

OTHER

Please provide any other relevant information.

DECLARATION

- ☐ I declare that the information I have provided is true and correct.
 - ☐ I have included with this application a copy of my Public Indemnity/Liability Insurance of minimum \$20million for any individual claim. (This must be included on lodgement of application or it will be refused).
 - ☐ I have read the Mobile Vending Policy and Mobile Vendor Guidelines and Location Rules.
 - ☐ I agree to comply with any reasonable directions issued by an Authorised Officer of Council.

SIGNATURE		DATE	
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SIGNATURE		DATE	
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OFFICE USE ONLY

APPROVED		DATE	
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APPROVED		DATE	
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OFFICER		SIGNATURE	
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OFFICER		SIGNATURE	
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