Application Form





For prompt assessment please ensure all required attachments are submitted with this Application Form.

Applicant Details

Applicant's Name:					
Business/Trading Name:			ABN:		
Applicant's/Business Mailing Address:					
Garaged Mobile Food Vehicle Address:					
Food Business Notification Number:					
Type of food to be sold:					
Email address:			Mobile Phone:	:	
sell food and non-al sites on the Mobile F	•	•	at any of the 9	pre-approved trial	
□ I acknowledge that the times of operation are between 6am to 7pm Monday to Thursday and 6am to 10pm Friday to Sunday. □ I acknowledge and agree that the Mobile Food Vendor Map provides site specific rules to observe and obey at all times or fines or other penalties may apply. □ I understand and agree that if I am an approved Mobile Food Vendor I may relocate my vehicle and set- up at any time to another approved site on the Mobile Food Vendor Map, subject to site availability, but to ensure public safety, I must not trade between sites 'along the road' in unapproved locations, roadside or other. □ I acknowledge that there may be changes to the pre-approved sites and location rules following community consultation periods. This could mean the removal of a site if this is determined after the community consultation.					
Mobile Food Vendo \$119.50 per month or		\$			
(The permit will no	ot be issued until t	he fee has been	paid)		
☐ I will comp	ly with all health ar	nd food safety asp	ects as conta	ined in the <i>Food Act</i>	

DOC/18/20056 Page 1 of 2

Application Form

Mobile Food Vendors
Pursuant to section 222 of the Local Government Act 1999

	2001 standards and regulations.				
	$\hfill \square$ I acknowledge and agree that I am responsible for the appropriate disposal of all liquid waste and other trade waste off site.				
	☐ I acknowledge and agree that I am responsible for the removal of all rubbish and equipment from each approved site and I must not dispose of the rubbish in any nearby Council bins.				
Attach the following items: (Indicate using tick boxes that items are attached)					
	□ Copy of current Public Indemnity insurance to a minimum of twenty million dollars (\$20,000,000.00).				
	☐ Image showing your Mobile Food Vehicle/s to be used for food/beverage preparation and serving and proposed set up (chairs/tables/umbrellas etc.).				
	$\hfill\Box$ Evidence of payment of Mobile Food Vendor Fee (non-refundable) for the term applied for.				
	☐ To arrange payment you may visit our Council office or call 8391 7200. Include your receipt number below as evidence.				
	Receipt number:				

Subject to any variation by Council, any permit issued is subject to:

- The general and/or special conditions which Council determines; and
- Payment of the prescribed fee upfront.

DOC/18/20056 Page 2 of 2