

MOBILE VENDING PERMIT APPLICATION

RECORD NO:

FILE NO : 11.71.2.003

PERMIT DURATION & PAYMENT OPTIONS			
☐ Monthly Permit \$195.00 ☐ Annual Permit \$1836.00		☐ Paid on lodgement of application ☐ To be invoiced	
1. NAME, ADDRESS AND CONTACT DETAILS			
Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐			
Name			
Company name			
ABN			
Postal address			
Phone		Mobile	
Email			
2. TYPE OF ACTIVITY			
☐ Sell good from temporary vending business (as per policy)			
☐ Temporary stall holder			
☐ Mobile Vendor ☐ Food ☐ Other (please specify)_____			
☐ Other (please specify)_____			
3. SITE PLAN – WHERE APPLICABLE			
Scale 1:100. Attach plan on A4 to application.			
4. PUBLIC LIABILITY			
A copy of your Public Indemnity Insurance policy must accompany this application (minimum cover \$10 million for any individual claim). Council shall be named on the policy indemnifying it against claims.			

5. PERIOD OF USE

___/___/___ To ___/___/___

6. HOURS OF ACTIVITY

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

7. WASTE COLLECTION

Provide a written description of the method of waste collection and disposal of waste generated from the preparation processes and disposal of discarded materials by customers.

8. PRIVACY POLICY

The information you provide in this application will enable your application to be assessed by the consent authority and any relevant state agency. If the information is not provided, your application may not be accepted. The application will also be kept in a register by the council that can be viewed by the public at any time. Please contact the council if the information you have provided in your application is incorrect or changes.

9. APPLICANTS DECLARATION

If the applicant is a company or owner's association, this section must be signed in accordance with s127 of the Corporations Act 2001.

I, _____

apply for consent to carry out the activity described in this application.

I declare that all the information supplied is true and correct.

I also understand that:

1. If incomplete, the application will not be accepted, and that
2. More information may be requested to enable the proper consideration of the application.
3. All Food Act 2001 and South Australian Public Health Act 2011 licences and approvals have been obtained.
4. Power will not be provided, vendor must provide own power source unless negotiated with Council.
5. Relevant public liability insurance, with a minimum cover of \$10 million, has been obtained.
6. The specific and general clauses of Council's Mobile Vending Policy are adhered to at all times.
7. Substantial penalties may be imposed for the breach of these conditions and the permit revoked.
8. The appropriate fee has been paid as appropriate.
9. Permit must be produced on request (keep in glovebox)

I, _____

of _____

(Residential address)

(Postal Address)

Ph: _____ Mobile: _____

have read and understand the conditions of this permit.

CEO
Barunga West Council

X _____
Applicant Signature

Date: _____

Date: _____