

# MOBILE FOOD VENDING PERMIT 2017/2018



Ph: 08 8635 2107  
Fax: 08 8635 2596  
PO Box 3, Port Broughton SA 5522  
Email:  
[barunga@barungawest.sa.gov.au](mailto:barunga@barungawest.sa.gov.au)  
[www.barungawest.sa.gov.au](http://www.barungawest.sa.gov.au)

Pursuant to Council's Mobile Food Vending Policy, the bearer of this permit is permitted to conduct a mobile food vending business operation within the District Council of Barunga West area subject to the following conditions:

## MOBILE FOOD VENDING PERMIT APPLICATION

RECORD NO: .....  
FILE NO : 11.71.2.003

### 1. APPLICANT NAME, ADDRESS AND CONTACT DETAILS

Title: Mr  Mrs  Miss  Ms  Other

\_\_\_\_\_

Name

\_\_\_\_\_

Company name

\_\_\_\_\_

ABN

\_\_\_\_\_

Postal address

\_\_\_\_\_

\_\_\_\_\_

Phone (B)

Fax

\_\_\_\_\_

Phone (H)

Mobile

\_\_\_\_\_

E-mail

\_\_\_\_\_

### 2. LOCATION OF PROPOSED ACTIVITY *(This will help us to correctly identify the land.)*

Outside unit, shop or suite: Street No: Street:

\_\_\_\_\_

Suburb:

Post Code:

\_\_\_\_\_

Other (e.g. mobile throughout area/park/reserve/school)

\_\_\_\_\_

\_\_\_\_\_

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### **3. TYPE OF ACTIVITY**

- Mobile food vendor

### **4. SITE PLAN – WHERE APPLICABLE**

Scale 1:100. Attach plan if insufficient space provided.

### **5. 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.

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## 6. PERIOD OF USE

Annual From ...../...../..... To ...../...../.....

Day Only From ...../...../..... to ...../...../.....  
(Date of Event)

## 7. HOURS OF ACTIVITY

Day Only From \_\_\_\_\_am to \_\_\_\_\_pm

Day & Evening From \_\_\_\_\_am to \_\_\_\_\_pm

Weekdays Only From \_\_\_\_\_am to \_\_\_\_\_pm

Weekends Only From \_\_\_\_\_am to \_\_\_\_\_pm

7 days From \_\_\_\_\_am to \_\_\_\_\_pm

## 8. OTHER CONSENTS

Are you registered with SA Food Authority? Yes (please provide evidence) / No  
If No, what steps are you taking to complete this registration? \_\_\_\_\_

Does your vehicle/stall construction comply with the requirements of the Food Act?  
Yes / No

## 9. 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.

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## **10. ACTIVITIES**

- Temporary structure within existing building
- Mobile Food Van
- Tables
- Tent
- Stall for other than food sales

Registration No. of vehicle

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Make of vehicle

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## **11. SERVICE PITS ACCESS RIGHTS**

The applicant agrees that they will provide unlimited access to service pits to relevant authorities.

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Applicant Signature

Date

## **12. 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.

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## **13. APPLICANT'S 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. Relevant public liability insurance, with a minimum cover of \$10 million, has been obtained.**
- 5. The specific and general clauses of Council's Mobile Food Vending Policy are adhered to at all times.**
- 6. Substantial penalties may be imposed for the breach of these conditions and the permit revoked.**
- 7. An Annual Fee of \$400 is paid, or pro-rata as appropriate.**
- 8. 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.

\_\_\_\_\_  
Andrew Cole  
CEO  
District Council of Barunga West

X \_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_