

	SOCIAL, CULTURAL & COMMUNITY SERVICES MOBILE FOOD VAN DCSB-17 Form 13 <u>Application Form</u>	File Number:	
		Record Number:	
		Version Number:	1
		Issue Date:	

Mobile Food Van Permit Application

Name of Applicant:
Name of Business:
Postal of Business:
Contact phone number:
Food Business Registration Number:
Annual (\$250.00)
Monthly commencing on /20 , Expiring on / /20 (\$50.00)

Signed for and on behalf of the permit holder

Name:	Date:
Position:	Signature:

Please refer to Council’s website for the District Council of Streaky Bay’s Location Rules.
While Council will process you application as quickly as possible there may be a wait of up to 7 days.

Please attach a copy of your public risk insurance valued at \$20 Million

A copy of your public risk insurance certificate and fee payment must be received by Council before a permit will be issued.