

DEVELOPMENT CONTROL Mobile Food Van Vendor Application DCSB-03 Form 08 FORM

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Next Review		
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Application for use of public road for business purposes pursuant Section 222 of the Local Government Act 1999, subject to the location rules as per Section 225A

*Please allow at least 7 days from the date of application for applications to be assessed.

1. Applicant	Details:						
First Name:			Surname:				
Name of Busi	iness						
Business Add	ress:				Postco	de:	
Postal Addre	ess:				Postco	de:	
Contact Pho	ne Number:			Mobile:			
Email Addres	ss:						
Website/Soci	ial media site:						
Trading Nam	e:						
Mobile Food	Vending Business /	ABN Number:					
Food Busines	s (Notification) Nur	nber					
Vehicle desc (Car/truck/van	cription, model and /trailer/other)	type:					
Vehicle weig	iht (kg):						
Vehicle Regis	stration Number ar	d expiry date:					
2. Description	n and type of food	products					
3. Term of pe	rmit (please select	one)					
Comme	encement Date		Expiry Do	ate			
Select Fees of	and Charges – please re	er to Council's Fees and Charges for	appropriate fees			1	Total Fee
Anr	nual Permit					\$	
Dail	ly Permit						
Note:							
Annual Perm	its will be valid for will be valid for a	2 Months from the date of a calendar day only	oproval.				

Expiry Date:

4. Requested DAY	and TIM	ES of oper	ation: (Refer to Ic	ocation ru	les for time	restricti	ons)			
From:	am/pm	То:	am/pm	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From:	am/pm	То:	am/pm	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
5. Preferred location Refer to DCSB DC Include a descript Note: Operating of Transport. Private Lan	03.03 Molion and n	naps if nec e Governme	essary. nt Road or land will		·			nent forInfro	astructure c	and
6. Power Source Will you be supplyi Do you wish to util If you wish to use a Note: when appro Food Vending Permit	ise a Cou Council I	ncil Power Power Soul Councill's Po	Source YES / NO rce you MUST list ower Supply, the co	D below all post of such s	II equipmer	negotiate	-	-		
7. Public Liability II	nsurance									
The Permit Holder must provide a copy of the Certificate of Currency in the name of the Permit Holder to Council before a Permit or renewal will be granted, ensuring the Permit holder for the minimum sum of twenty million dollars (\$20,000,000) against all actions, costs, claims, damages, charges, and expenses whatsoever, which may be brought, made, or claimed against the Permit Holder in relation to the activity. If insurance expires during the permit period, the permit holder must provide a copy of the updated policy prior to expiry. Failure to do so will result in the permit being cancelled upon the expiry of the Public Liability Insurance.										
Policy Holder Nam	e:									
Insurer Details:				Sur	m Insured:					

/ 2020

Certificate of Currency attached:

YES / NO

8. Risk Assessment	
A risk Assessment may k	pe required as a permit condition should Council consider the application requires.
If you have a Risk Asses	sment previously completed, please attach a copy.
RA Attached:	
Vendor Comments:	

9. Certificates

Certificates of currency for electrical, gas (and other similar installations) must be provided to ensure that modifications have been undertaken by licensed personnel.

	Certificate Number	Contractor Name	Copy Attached
Electrical:			YES / NO
Gas:			YES / NO
Other:			YES / NO

10. Signage

If your mobile food vending business will be displaying signage that is not directly attached to your mobile premises, for example;

- Banner
- Stand Alone Banner
- A Frame
- Other Signage

This signage will be subject to Council's Advertising Policy, By-Law #2 and Moveable Signs Policy and a separate application must be completed.

DCSB I 14.59 – Business Signage Application Form

11. Road Closure

If you are requiring a road closure you will need to complete a Road Closure Application Form DCSB TM 20.03 Temporary Road Closure Application

12. Ap	plicant declaration:
	Have read, understand and agree to abide by the District Council's of Streaky Bay's Mobile Food Vendor Policy and Location Rules and Understand that a Mobile food Vending permit does not provide exclusive or sole use of any site.
	Understand that the permit to be issued is not transferrable, and refunds will only be considered for annual permits where the permit is cancelled or surrendered.
	Agree to provide a copy any permit issued, to any Council Officer or Police Officer upon request.
	Understand that I am responsible for ensuring the public liability insurance policy remains current for the duration of the permit; and that the Mobile Food vending permit will expire if the public liability insurance policy expires or if confirmation of renewal (updated Certificate of Currency) is not provided to Council as soon as possible after the expiry date listed on this application;
	Understand that a breach of Council's Mobile Food Vending Policy or Location Rules may result in cancellation of the permit.
	Agree to ensure that all sites will be left in a clean and tidy state, and that all rubbish, liquid or waste will be contained and removed from the site and be disposed of in the appropriate manner.
	All work and modifications to the vehicles used under the Mobile Food Vendor Permit (including electrical and gas systems and appliances) have been undertaken by appropriately licensed and qualified personnel where required by any legislation or regulatory body.
I herek	by submit this application for a permit to conduct a mobile food vending business, From the vehicle identified in this application. On public land within the Streaky Bay Council area, subject to compliance with the Council's location rules and Council Mobile Food Vending Policy prepared in accordance with Section 225A of the Local Government Act 1999 Subject to any general conditions and any special conditions that may be provided on any issued permit.
Appli	cant's Name:
Appli	cant's signature:Date:/

OFFICE USE ONLY			
RECEIVING STAFF			
Policy and Location Rules provided to applicant		Yes	No
Location within Policy and Location Rules		Yes	No
Minimum \$20M Public Liability Insurance Copy Provi	ded	Yes	No
Public Liability Insurance Expiry Date		/	/
Risk Assessment Completed		Yes	No
Signage Application Required and Completed		Yes	No
Road Closure Application Required and Completed	d	Yes	No
Check Skytrust – has applicant previously provided	documents for registering in SkyTrust	Yes	No
Has applicant previously been refused an applicati	on	Yes	No
MANAGEMENT APPROVAL			
Referrals			
Health Referral		Yes	No
Department for Infrastructure and Transport		Yes	No
Receipt Number			
Permit Decision			
Approved Denied			
Additional Specific Conditions:		Yes	No
Variations to requested times, dates or locations:		Yes	No
Name of Officer:	Position:		
Signed:	Dated:		
POST APPROVAL CHECK LIST			
Permit Completed and Forwarded to Applicant		Yes	No
Permit – Copy into SkyTrust and Electronic Records S	Systems	Yes	No
General Inspector Notified		Yes	No