
	INFRASTRUCTURE Advertising Signage Application Form DCSB-14 Form 59 <u>FORM</u>	Record ID/Series:	
		File Number:	
		Version No:	1.0
		Issued	2021
		Next Review	As Required
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1. Applicant Details:			
First Name:		Surname:	
Name of Business			
Trading Name			
Business Address:		Postcode:	
Postal Address:		Postcode:	
Contact Phone Number:		Mobile:	
Email Address:			
Website/Social media site:			

2. Reason for Signage

3. Is the Signage Requested
<input type="checkbox"/> Temporary <input type="checkbox"/> Movable <input type="checkbox"/> Permanent

4. Type of Temporary Signage Request
<input type="checkbox"/> Banner Display <input type="checkbox"/> A Frame Sign <input type="checkbox"/> Trailer <input type="checkbox"/> Community Event Sign (Poochera) <input type="checkbox"/> Other – Please specify
Description of Signage (attach photo or drawing with dimensions if possible)
Size of Signage
<i>Please note restrictions apply please ensure you have read and understood the applicable Policies</i>

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5. Preferred location.

Include a description and attach maps if necessary.

6. Term of permit (please select one)

Commencement Date	Expiry Date
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7. Public Liability Insurance

The Permit holder must hold \$20 Million public liability insurance for the duration of the permit term.

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 Name:			
Insurer Details:		Sum Insured:	
Expiry Date:	____/____/ 2020	Certificate of Currency attached:	YES / NO

12. Applicant declaration:


- ☐ Have read, understand and agree to abide by the District Council's of Streaky Bay's Advertising Policy, Movable Signs Policy and By-Law #2.
- ☐ Understand that the permit to be issued is not transferrable, and refunds will only be considered for 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 Policies or the Permit Conditions 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 will be contained and removed from the site and be disposed of in the appropriate manner.

I hereby 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.

Applicant's Name: _____

Applicant's signature: _____ Date: ____/____/____

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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 Provided	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	Yes	No
Check Skytrust – has applicant previously provided documents for registering in SkyTrust	Yes	No
Has applicant previously been refused an application	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 Systems	Yes	No
General Inspector Notified	Yes	No
Dates of Display entered onto Calendar	Yes	No