

Please print clearly in **BLOCK LETTERS** with a black pen.
 Ensure all fields have been filled out correctly.
 Please tick the appropriate boxes.
 Once your application is received a Council Officer will contact you if further information is required.

You may use this form to apply for a permit to operate a mobile food vending vehicle within the Bega Valley Shire Local Government area.

1 Applicant details

Owner/proprietor name	Full name	<input type="text"/>	
Registered address <input checked="" type="checkbox"/>	Street or PO	<input type="text"/>	
Daytime contact details	Phone	<input type="text"/>	Fax <input type="text"/>
	Mobile	<input type="text"/>	Vehicle contact <input type="text"/>
Email address	<input type="text"/>		

2 Vehicle details

Vehicle type	Make and model	<input type="text"/>	Rego No	<input type="text"/>
Where is the vehicle usually garaged?	Street address	<input type="text"/>		
Foods being sold	Please provide details here	<input type="text"/>		

3 Application checklist

Please tick applicable boxes below to confirm that you have provided copies of the documents requested. Please lodge copies with the completed application form.

- Copy of vehicle registration (as proof of registration).
- Certificate of Currency for Third Party Property damage Insurance (to the value of 20,000,000).
- Certificate of Currency for Public Liability Insurance (to the value of 20,000,000 which also indemnifies BVSC and the applicant).

Please read carefully

Mobile vending vehicles are defined in the guidelines for the control and operation of street vending issued by the Roads and Traffic Authority and means a motor vehicle plying on the public streets making brief intermittent stops (on lightly trafficked roads) for the hawking of ice cream, chocolates, sweets or the like. Warning signs, flashing lights and any other requirements must be provided as required by the guidelines. Councils Environmental Health Surveyor inspects the vehicle.

Applicant declaration

I declare that to the best of my knowledge the information provided in this application is accurate and correct

I declare that to the best of my knowledge the information provided in this application is accurate and correct. I understand that under the Government Information (Public Access) Act 2009 details contained on this application, including my name and address, will become publicly available.

Signature of owner(s) / proprietor(s)

Date

 / /

Privacy & Personal Information Protection Notice

Purpose of collection: To register or modify a premises | **Intended recipients:** Council staff and approved contractors of BVSC | **Supply:** required for the regulation of registered premises | **Access/ Correction:** Council staff or *Government Information (Public Access) Act 2009* requests | **Storage:** Council's record management systems and archives

OFFICE USE ONLY



Receipt No.	<input type="text"/>	Code	17
Receipt date	<input type="text"/>	Allocation No.	W5096.1111.1131
CS staff	<input type="text"/>	Application fee	\$ <input type="text"/>

Action Workflow: P&E Business Premises Registration Details