Application for Stationary/ Mobile Roadside Vending Permit



Use this form to apply for a permit for stationary or mobile roadside vending. This

form is in keeping with *Local Government Act 2009.* Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter “n/a” if the question does not apply.

**Note regarding Public Liability Insurance:** Activities that are considered low risk i.e. performances or acts that have minimal potential to cause injury to the public or damage to property will not be required to provide proof of public liability insurance. However it is recommended that applicants hold their own insurance.

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| **Applicant Details** | | |
| **Applicant 1 Surname** |  | **Given Name** |
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| **Applicant 2 Surname** |  | **Given Name** |
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|  | | |
| **Business Name** (must be registered with the Australian Securities and Investments Commission) |  | **ACN** |
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| **Company Name (if applicable)** |  | **ABN** |
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| **Community Group / Sporting Organisation / School** |  | **Is the Group or Organisation Incorporated?** |
|  |  | No  Yes, Incorporation Number |
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| **Postal Address** | | |
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| **Physical Address** | | |
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| **Email address** | | |
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| **Vehicle Details** | | | | | | |
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| **Vehicle Make** |  | **Vehicle Model** | | |  | **Registration Number** |
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| **State of Registration & Expiry Date** | | |  | **Insurance Policy Number & Expiry Date** | | |
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| **Goods or services to be provided or sold** | | | | | | |
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| **Proposed location of vehicle** | | |  | **Do you intend to use any amplification equipment?** | | |
|  | | |  | Yes  No | | |
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| **Details of promotional or advertising material is to be used in connection with the activity** | | | | | | |
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| **Stall Details** | | |
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| **Description of stall** |  | **Details of goods / services to be supplied or sold** |
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| **Proposed location of stall** |  | **Do you intend to use any amplification equipment?** |
|  |  | Yes  No |
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| **Details of promotional or advertising material is to be used in connection with the activity** | | |
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| **Date & Time** | | |
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| **If you have more than one location, please note dates, times and locations on a separate sheet of A4 paper** | | |
| **Date** |  | **Time** |
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| **Privacy Statement** | | |
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| **Privacy Statement** - Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including *Right to Information Act 2009)* or as required by Queensland State Government. | | |
| **Public Liability Insurance** | | |
| **Take out and maintain public liability insurance for a minimum of $20 million for Council controlled areas and roads indemnifying Barcaldine Regional Council against any or all claims of damages resulting from the activity/operation of the business.** *A copy of your public liability insurance and indemnity statement MUST be provided with your application* | | |
| **Name of Insurer:** |  | **Policy Number:** |
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| **Policy Limit:** |  | **Expiry Date:** |
|  | | |
| **Have you noted Barcaldine Regional Council as an interested party?**  Yes  No | | |

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| **Attachments** |
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| This application and fee must be lodged with your Council with the following attachments.  A Site Plan drawn to scale not smaller than one to one hundred (1:100). The scope to extend:   * from the kerb's edge, the full width of the footpath, to the frontage of the building; and * from within 2 metres of one adjoining premises, the full length of the property frontage, to within 2 metres beyond the other adjoining premises.   Advice in writing from the Department of Transport and Main Roads that it agrees to the proposal, if the vehicle is to operate on a State-controlled road.  A copy of the licence required under the Food Regulation 2006, if food is to be offered for sale from the vehicle.  A copy of your Public Liability Insurance Policy |

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| **Declaration** | | |
| I / We declare the information provided in this application to be true and correct. | | |
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| **Applicant Signature** |  | **Date** |
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| **Application Fees for 2023 / 2024 Financial Year** | | | |
| 1311-1000-0000 | Annual Licence Fee (per community) | $ | 232.00 |
| 1311-1000-0000 | Annual Licence Fee (local business) | $ | 30.00 |
| 1311-1000-0000 | Annual Licence Fee (non-profit organisation) | $ | Nil |

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| **Lodgement of your application** | | | |
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| MAIL | Post to ‘PO Box 191, Barcaldine QLD 4725’  Email to [council@barc.qld.gov.au](mailto:council@barc.qld.gov.au) | | |
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| IN PERSON | Visit any BRC Administration Office from 8.00am to 4.30pm Monday to Friday with cash, cheque or EFTPOS | Alpha Aramac Barcaldine | 43 Dryden Street  35 Gordon Street  71 Ash Street |
|  | | | |
| PAYMENT | Cheques or money order to be made payable to “Barcaldine Regional Council  Credit Card – Contact Council to arrange to pay (1% surcharge applies)  Cash or EFTPOS (in person only)  Direct Deposit *– paying direct to Bank account “Barcaldine Regional Council General Account” BSB 124001 Account Number 100026378. Use the Licence Number & Surname as the Reference. Email a remittance advice to* [*council@barc.qld.gov.au*](mailto:council@barc.qld.gov.au) | | |

**OFFICE USE ONLY**

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| Date received | |  | | Receipt No. | |  | CSO | |  | |
| Approved  Not approved | | | Permit number | | |  | Date issued | | |  |
| Full name of approving BRC Officer | | | | |  | | | | | |
| Signed |  | | | | | | | Date | |  |