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.

Applicant Details								
Applicant 1 Surname			Given Name					
Applicant 2 Surname			Given Name					
Business Name (must be registered with the Australian Securities an Investments Commission)		and	ACN					
Company Name (if applicable)		I	ABN					
Community Group / Sporting Organisation / School			Is the Group or Organisation Incorporated?					
Postal Address								
Physical Address								
Email address								
Vehicle Details								
Vehicle Make	Vehicle Model			Registration Number				
State of Registration & Expiry Date	e of Registration & Expiry Date		nce Policy Number & Expiry Date					
Goods or services to be provided or sold								
Proposed location of vehicle		Do you intend to use any amplification equipment?						
Details of promotional or advertising material is to be used in connection with the activity								
Stall Detaile								
Stall Details								
Description of stall		Details of goods / services to be supplied or sold						
Proposed location of stall		Do you intend to use any amplification equipment?						
Details of promotional or advertising material is to be used in connection with the activity								
Date & Time								
If you have more than one location, please note dates, times and locations on a separate sheet of A4 paper								
Date								
Privacy Statement								

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						
Barcaldine Regiona	al Council against any or	nce for a minimum of \$20 mil all claims of damages resulti ant MUST be provided with your	ng from the activity/opera				
Policy Limit:		Expiry Date:					
-	rcaldine Regional Counc	il as an interested party?		es 🗌 No			
Attachments	and fac must be lade		the following attachm	anta			
A Site Plan • from th • from w	drawn to scale not sn he kerb's edge, the ful	ed with your Council with naller than one to one hur I width of the footpath, to adjoining premises, the fu premises.	ndred (1:100). The sco the frontage of the bu	ope to extend: ilding; and	ithin 2 ı	metres	
	riting from the Depart e on a State-controlle	ment of Transport and M d road.	ain Roads that it agre	es to the propos	al, if th	e vehicle	
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 yo	our Public Liability Ins	urance Policy					
Declaration							
I / We declare th	e information provide	d in this application to be	true and correct.				
Applicant Signature		Date					
Application Fee	es for 2024 / 2025 Fi	nancial Year					
1311-1000-0000	Annual Licence	Fee (per community)			\$	242.00	
1311-1000-0000 Annual Licence Fee (local business)				\$	31.00		
1311-1000-0000	Annual Licence	Fee (non-profit organisat	ion)		\$	Nil	
Lodgement of y	our application						
MAIL	Post to 'PO Box 191 Email to <u>council@ba</u>	l, Barcaldine QLD 4725' <mark>arc.qld.gov.au</mark>					
IN PERSON	Monday to Friday with cash, cheque or EFTPOS Aramac Stree Barcaldine 35 G Stree		ordon				
PAYMENT	Credit Card – Co Cash or EFTPOS Direct Deposit – BSB 124001 Accou	ey order to be made paya ntact Council to arrange t S (in person only) <i>paying direct to Bank acc</i> <i>nt Number 100026378. U</i> <i>remittance advice to <u>finar</u></i>	to pay (1% surcharge count "Barcaldine Reg Ise the Licence Numb	applies) ional Council Ge		Account"	
OFFICE USE ON	LY						
Date received		Receipt No.	C	so <u>-</u>			
Approved] Not approved	Permit number		Date issued			
Full name of app	proving BRC Officer						
Signed				Date			