



APPLICATION FOR A PERMIT TO USE PUBLIC ROAD FOR BUSINESS PURPOSES – MOBILE FOOD VENDOR

To: City of Salisbury, P O Box 8, SALISBURY SA 5108
Attention: General Inspectorate Division

Or via email
city@salisbury.sa.gov.au

Applicant:

I (full name)

Of (address)

Phone: Wk:

Mobile:

Email:

If application is on behalf of Registered Company please provide company details:

Company Name:

Company Registered Address:

Company ACN:

Company Ph:

Email:

Hereby make application to the City of Salisbury for the **granting / renewal** of a mobile food vendor permit to use a public road for business purposes, pursuant to Section 222 of the Local Government Act 1999 and subject to the location rules as per Section 225A.

Mobile Food Vending Business details:

Business Name:

Trading Name:

Mobile Food Vending Business ABN

Mobile Food Vending Vehicle Make/Model/Type:

Mobile Food Vending Vehicle Registration Number:

Food Business Notification Number:

Please describe type and range of food being sold: *(please attach menu if available)*

Preferred term of permit (please select one):

Annual \$2200 (including GST)

Monthly \$200 per month (including GST)

Nominated Start date*:

Number of months for multiple months less than 12:

Annual permits will be valid for the entire year from the start date nominated.

Monthly permits will be valid for the entire month that is nominated or for a period of 30 days from the preferred start date if not the 1st of the month

*Nominated start date should be at least 14 days from date of application to allow application to be processed. Start date will be indicated on Permit and may vary from that nominated if application requires further information.

Permit Holder Details:

Applicants Name or Company Name:

Permit holder must hold \$20 Million public liability insurance.

The Permit Holder must provide a copy of the Certificate of Currency of this insurance for Council's records before a Permit or renewal will be granted. If insurance expires during the permit period the permit is considered void unless a copy of the renewal is provided prior to expiry.

Insurer Details:

Expiry Date: _____ Copy attached: _____ Yes / No

Mobile Food Van Operator/Contact Person

If operator is different to owner or applicant please nominate contact person:

Contact Person Name:

Contact Person Phone/Mobile:

Description of area to which permit application applies:

This application is for a permit to conduct a mobile food vending business,
from the vehicle identified above,

on a public road in the Council area of the City of Salisbury, subject to compliance with the Councils location rules under Section 225A of the Local Government Act 1999 or any identified and nominated area, and,

subject to any general conditions and any special conditions set out in the permit that may be provided on any issued permit.

THE ISSUING OF A PERMIT IS SUBJECT TO:

- A. The applicant agreeing to the location rules and general conditions of the permit as contained within the City of Salisbury Mobile Food Vendors Policy.
- B. The applicant agreeing to any special conditions, which the Council determines and are attached to the permit.
- C. The applicant paying the prescribed fee.
Annual \$2200 (including GST)
Monthly (per month) \$220 (including GST)
All fees subject to change annually
- D. The applicant providing a copy of all appropriate insurances as required by either the general conditions or special conditions of permit.
- E. Failure to pay or comply with the required conditions above and attached to Permit will result in the cancellation of this application and permit.

Dated: _____

Applicants Signature: _____

OFFICE USE ONLY

Checklist

All required fields completed	YES / NO / Further information required
Referred to Environmental Health	YES / NO
Food Business Notification Number:	YES / NO
Environmental Health Decision	Approve / Approve with Condition/ Reject
Insurance Certificate Provided	YES / NO
Fee Paid	YES / NO
Receipt No:	

Officers Recommendation

Permit - Approved / Approve with Special Conditions/ Denied
If "Denied" reason:
Name of Authorised Officer of Council:
Position:
Signature:
Date: