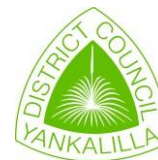


District Council of Yankalilla Mobile Food Vendor Permit Information, Application & Approval Form



APPLICANT DETAILS

Name	
Mobile Food Vendor Name	
Postal Address	
Email address	
Mobile Number	
Other contact number	

TYPE OF PERMIT

Please tick which of the following applies to your permit application

<input type="checkbox"/>	Public Road (See Section 222 of the Local Government Act)
<input type="checkbox"/>	Community Land (See Section 200 of the Local Government Act)

Date for permit to commence (Note: at least notice of 10 working days is required):

.....

SUPPORTING DOCUMENTATION

<input type="checkbox"/>	Public Liability Insurance of at least \$20,000,000
<input type="checkbox"/>	Completed Food Business Notification (FBN) Form or copy of FBN authorised at another Council
<input type="checkbox"/>	A current police clearance
<input type="checkbox"/>	Images, including design and branding of my Mobile Food Vehicle

MOBILE FOOD VEHICLE INFORMATION

Registration Number of Mobile Food vehicle

PERMIT FEES

Public Road MFV Permits:

Permits to operate as a Mobile Food Vendor at designated Mobile Food Vendor locations within the District Council of Yankalilla, in accordance with Section 222 (1a) of the Local Government Act 1999. The following fee applies and is to be received by Council prior to issuing a permit. Please indicate permit fee:

<input type="checkbox"/>	Annual Permit - \$2,000 per annum (excl. GST)	<input type="checkbox"/>	Monthly Permit - \$200 per month (excl. GST)
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Please return your completed form to:

council@yankalilla.sa.gov.au or mail to PO Box 9, Yankalilla, SA 5203 – thank you.

District Council of Yankalilla Mobile Food Vendor Permit Information, Application & Approval Form



Short-Term Use of Community Land Permits:

Permits to operate as a Mobile Food Vendor on Community Land within the District Council of Yankalilla, in accordance with Council’s Short-Term Use of Community Land Policy.

The following fee applies and is to be received by Council prior to issuing a permit. Please indicate permit fee:

<input type="checkbox"/> Annual Permit - \$2,000 per annum (excl. GST)	<input type="checkbox"/> Monthly Permit - \$200 per month (excl. GST)
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AGREEMENT AND SIGNATURE

Tick as relevant:

<input type="checkbox"/>	I have read and understand the Mobile Food Vendor information on Council’s website
<input type="checkbox"/>	I understand I am not to operate within 500 meters of a fixed bricks and mortar food business whilst it is operating
<input type="checkbox"/>	I have attached the documents requested above
<input type="checkbox"/>	I agree to pay the applicable permit fee and understand that this fee is non-refundable during the term of the permit.
<input type="checkbox"/>	I understand any permit issued DOES NOT provide me with exclusive use of the areas available for the operation of Mobile Food Vendors

I declare that the particulars provided within this application are true and accurate.

Signed for and on behalf of the permit holder:

.....

Name

Position

Date

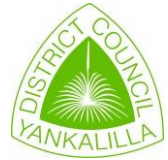
Office Use Only

COUNCIL HEREBY GRANTS A PERMIT TO THE APPLICANT SUBJECT TO THE TERMS AND CONDITIONS HEREIN.

Please return your completed form to:

council@yankalilla.sa.gov.au or mail to PO Box 9, Yankalilla, SA 5203 – thank you.

**District Council of Yankalilla
Mobile Food Vendor Permit
Information, Application & Approval Form**



Applicant: _____

Mobile Food Vendor Name: _____

Permit valid: From: _____ to: _____ Permit: _____

Fee paid date: _____ Amount paid: _____ Receipt number _____

Supporting Documents Received: Yes No

Environmental Health Officer Approval: Yes No

Comment: Local resident – no fees for first 12 months

Type of mobile food vehicle: Food Van Food Trailer

** Vehicles may be restricted to certain locations depending on the size or type of vehicle and / or the size of the parking area at an approved location. i.e. if the operator of the business serves from inside or outside of the vehicle or if the vehicle is a food truck or food trailer.*

Special conditions: _____

Approved by the Chief Executive Officer / Delegate

Signature: _____ **Date:** _____