**Applicant Details**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Business Name:  |
| Trading Name |
| ABN or ACN: [ ] [ ] – [ ] [ ] [ ] – [ ] [ ] [ ] – [ ] [ ] [ ] |
| Street address: |
| Suburb: | Postcode: |
| Contact Telephone: |
| E-mail: |

**Vehicle Details**

|  |  |
| --- | --- |
| Vehicle Registration: | Vehicle Colour: |
| Vehicle Make/Model: |

**Proposed goods to be sold:**

**Permit Type/Fees**

All applicants are required to hold a valid City of Bayswater mobile food vehicle permit

[ ]  Already have an existing permit. Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I am applying for a new permit.

**Selection Criteria**

1. Does your business provide a unique food experience?

For example:

* Does your business offer affordable food options?
* Does your business offer a range of different food options (i.e. gluten free, vegetarian, vegan, child friendly etc.?)
* Does your business offer a unique food experience (type of food not already available in the area / by another mobile food vendor?

Please provide further information and/or attach a menu.

1. Do you have a strong marketing / social media presence?

Yes [ ]  No [ ]

Please provide further information.

1. How will your business activate the area?

For example:

* Seating for patrons?
* Ancillary entertainment / attractions?
* Other activation initiatives?

Please provide further information to support your answers:

1. Proposed regular hours of operation
2. Benefit to the Local Economy
* Provide details of any benefit or contribution to the local economy that may result.
* Examples may include benefit or contribution to the local economy by way of employment, support of local suppliers etc.
* Business register within City of Bayswater.

**Attachments**

|  |
| --- |
| **[ ]  Any other documents you consider relevant:**  |

|  |
| --- |
| **Name** (please print): |
| **Signature:**  |
| **Position / authority:**  | **Date:**  |