



Mobile Food Vehicle Application Form - Crimea Park

Expression of Interest to Operate a Mobile Food Vehicle



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:	

Standard Trading Days (Friday, Saturday and Sunday evenings only 4pm - 9pm)

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Proposed Location

Crimea Park, Morley

Proposed goods to be sold:

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Permit Type/Fees

Only a 6 month permit is available for Crimea Park

Six month permit = \$500

Already have an existing permit. Expiry Date: _____

Successful applicants will be required to pay the fee before start of operation.

Selection Criteria

1. Is your Mobile Food Vehicle operated by a resident of the City of Bayswater? Yes No
2. 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.

3. Do you have a strong marketing / social media presence? Yes No

Please provide further information.

3. 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:

Attachments

- A current Certificate of Currency for your public liability insurance, minimum \$10 million *
- Plan of mobile food vehicle showing interior size, dimensions and fittings *
- A current copy of *Food Act* Registration Certificate *
- Other:

* These documents are not required if you currently hold a valid mobile food vehicle permit in the City of Bayswater

Declaration

If applicant is not the owner: I / we have notified the owner about this application.

I / we are authorised to sign on behalf of the applicant organisation.

Name (please print):

Signature:

Position / authority:	Date:
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