

# Application Form – 17 Approved Locations

## Permit 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:	

### Proposed Trading Days

### Proposed Trading Times

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### Proposed Location(s) (no additional fee for applying for multiple locations)

- |   |   |
|---|---|
| <input type="checkbox"/> AP Hinds Reserve, Bayswater  | <input type="checkbox"/> Lightning Park, Noranda            |
| <input type="checkbox"/> Bardon Park, Maylands        | <input type="checkbox"/> Pat O'Hara Reserve, Morley         |
| <input type="checkbox"/> Beaufort Park, Bedford       | <input type="checkbox"/> Riverside Gardens, Bayswater       |
| <input type="checkbox"/> Berringa Park, Maylands      | <input type="checkbox"/> Robert Thompson Park, Noranda      |
| <input type="checkbox"/> Bert Wright Park, Bayswater  | <input type="checkbox"/> Shearn Memorial Park, Maylands     |
| <input type="checkbox"/> Broun Park, Embleton         | <input type="checkbox"/> Upper Hillcrest Reserve, Bayswater |
| <input type="checkbox"/> Clarkson Reserve, Maylands   | <input type="checkbox"/> Wotton Reserve, Embleton           |
| <input type="checkbox"/> Claughton Reserve, Bayswater | <input type="checkbox"/> Wymond Park, Bayswater             |
| <input type="checkbox"/> Crimea Park, Morley          |   |

**Goods to be sold**

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**Permit Type/Fees**

Please select the preferred permit type.

- ☐ A non-refundable application fee of \$53 (or renewal fee of \$32)
- ☐ Three month permit = \$255
- ☐ Six month permit = \$510
- ☐ 12 month permit = \$1,020

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

**Attachments**

<input type="checkbox"/>	A current Certificate of Currency for your public liability insurance, minimum \$20 million.
<input type="checkbox"/>	Plan of mobile food vehicle showing interior size, dimensions and fittings.
<input type="checkbox"/>	A current copy of <i>Food Act</i> Registration Certificate.

**Starting Date of Permit**

If your application is successful, what date would you prefer the permit to commence?

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**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: