

Roadside Vendor Application

Compliance



Please contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable.

Information Privacy Act 2009 collection notice – Council is collecting this information in order to process your application. This information will not be disclosed to any third party without your written or verbal authorisation unless required by law.

APPLICANT DETAILS

Surname		Given names	
Postal address		State	Postcode
Contact number	Email address		
Position (e.g. <i>business owner</i>)			

BUSINESS / ORGANISATION DETAILS

Business / organisation name			
Postal address		State	Postcode
Contact number	Email address		
ACN / ABN			

APPLICATION DETAILS

Period permit is required for	
<input type="checkbox"/> 1 year licence <input type="checkbox"/> 3 month licence	
Proposed operating location	
Days of operation	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Hours of operation	
From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm	
Type of goods to be supplied / sold from vehicle (e.g. <i>coffee, drinks, fruit and vegetables, seafood, etc</i>)	
Vehicle details	
Make of vehicle: _____	
Model of vehicle: _____	
Registration number: _____	
State of registration: _____	

Trailer detailsWill a trailer be used? Yes No

Registration number: _____

State of registration: _____

Trailer dimensions: _____

Additional informationAdditional equipment used Marquee Marquee size (sqm) _____ Stand/s No. of stands _____ Tables/s No. of tables _____Is power required Yes NoPower source N/A generator battery other (*please specify*): _____**PUBLIC LIABILITY INSURANCE**

Please complete the below and provide Council with photocopy of your Public Liability Insurance Policy.

The policy must:

1. Name the insured applicant / business applying for the permit; and
2. List the North Burnett Regional Council as an interested party; and
3. Provide a minimum cover value of \$20,000,000.00.

In the event your policy does not list the North Burnett Regional Council, please contact your insurer to organise this minor amendment to be made to the 'interested parties' section of the policy prior to applying for this permit.

Name of insurance company: _____

Name of insured: _____

Policy number: _____

Policy expiry date: _____

 Copy of Public Liability Insurance attached**DOCUMENTS REQUIRED TO BE LODGED WITH THIS APPLICATION**

- Evidence of a current Public Liability Insurance Policy;
- A copy of the registration certificate of any vehicle/s used in the approved business;
- Location map; and
- Site plan detailing set-up.

Failure to provide the required information may delay the processing of your application.**FEE SCHEDULE**

Please see current Fees & Charges Schedule for relevant fees

[\(https://northburnett.qld.gov.au/fees-and-charges/\)](https://northburnett.qld.gov.au/fees-and-charges/)**DECLARATION**

I, _____ declare that the information provided above is true and correct.

Signed _____

Dated _____

LODGEMENT OF YOUR APPLICATION

MAIL Chief Executive Officer, PO Box 390, Gayndah, Qld 4625

EMAIL admin@northburnett.qld.gov.au TELEPHONE 1300 MY NBRC (1300 696 272)

IN PERSON Visit our customer administration offices 8.30am – 4.30pm (closed 11.30am – 12.30pm)