

Roadside Vending

Commercial Use of Council Controlled Areas or Roads **Renewal Application**

Local Law No.1 – Administration, Subordinate Local Law No. 1 (Administration) 2016 – Schedule 8

This form cannot be used for transfer of ownership. You will need a 'New Application Form'. Please call us if you have any questions about fees or how to complete this form. Type or print in BLOCK LETTERS and select boxes where applicable. Enter 'N/A' if the question does not apply.

Existing approval number		
APPLICANT		
Title Mr Mrs Ms	Company Other	
Full name	_ company criter	
Company	Other	
Director's name	ABN	
Trading name		
Contact person (if not above)		
Phone	Mobile	
NDIVIDUAL/BUSINESS		
Street Address		
ocality/Suburb	State Postcode	
Postal address		
_ocality/Suburb	State Postcode	
Email		
Phone	Mobile	
OCATION OF ACTIVITY/ TRADING SITES		
	ocation Site Number	
Site address (if applicable)		
Locality/Suburb	State Postcode	
Describe the location of your operation in	in relation to site address:	
*Please attach a map of the area/s you want to o	operate	
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ODED LEION	
OPERATION	
List goods/services to be sold/provided.	
What type of business best describes your operation?	
☐ Food Vendor ☐ Seafood Processor ☐ Hair	rdresser
☐ Caterer ☐ Meat Producer ☐ Tatt	too Artist
*Provide a copy of your food business licence, relevant statutory	permits or contact council if you require approval/s.
How will you power your cooking, food storage or foo	od display equipment?
☐ Gas ☐ Generator ☐ Oth	er (specify)
HOURS OF OPERATION Operation start and and data. from	to
Operation start and end date: from Operating days and hours:	to
VELHOLE	
Will a vehicle be used for this activity?	
Yes, provide details	
No, go to Structure/Equipment Section	7
Type of vehicle	Model
Make Colour	Model
Coloui	Dodictration Nillimpor
Storage address (when vehicle is not in use)	Registration Number
Storage address (when vehicle is not in use)	Registration Number
Storage address (when vehicle is not in use) STRUCTURE/EQUIPMENT	Registration Number
STRUCTURE/EQUIPMENT ☐ Trailer ☐ Gazebo ☐ Marquee ☐ Awni	
STRUCTURE/EQUIPMENT ☐ Trailer ☐ Gazebo ☐ Marquee ☐ Awni Dimensions ☐	ng Other Trailer Registration Number
STRUCTURE/EQUIPMENT Trailer Gazebo Marquee Awni Dimensions *If using additional vehicles such as a trailer, cool room etc, please	ng Other Trailer Registration Number
STRUCTURE/EQUIPMENT ☐ Trailer ☐ Gazebo ☐ Marquee ☐ Awni Dimensions ☐	ng Other Trailer Registration Number
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STRUCTURE/EQUIPMENT Trailer Gazebo Marquee Awni Dimensions *If using additional vehicles such as a trailer, cool room etc, please PUBLIC LIABILITY INSURANCE	ng Other Trailer Registration Number
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STRUCTURE/EQUIPMENT Trailer Gazebo Marquee Awni Dimensions *If using additional vehicles such as a trailer, cool room etc, please PUBLIC LIABILITY INSURANCE Insurance company Name of insured	ng Other Trailer Registration Number se attach details

DECLARATION				
I understand Cook Shire Council cannot be held lial	ble in any way, including for personal injury, death, t of the approval of this proposal. To the best of my ation is correct.			
Applicant's Signature	Date			
	usiness activity specific to your enquiry, request, or application. Your personal 2009, will only be handled by persons authorised to do so and will not be osure is required by law.			
SUPPORTING DOCUMENTS (Indicate below the support	ing information you have attached to this application)			
A site plan to scale (1:100 for each location) sho reserve and showing the distance between the out	wing the proposed location of the vehicle on the road ter border of the vehicle and the kerb/roadside.			
A copy of the current registration certificates for each vehicle proposed to be used in your operation, including trailers, cooler vans etc.				
Colour photographs of the vehicle/s you will be us	ing.			
If your operation is a stall, a detailed layout showing the size of the stall, equipment associated with the operation of the activity, type of flooring, walls ceiling and how it will be secured.				
A certificate of Cover for Public Liability Insurance to the minimum value of \$20 million dollars and noting Cook Shire Council as an interested party. Ensure the name on the insurance policy is the same name as the applicant name on this application and must be either a person or a company name				
A copy of your Food Business Licence if your business activity involves preparing or selling unpackaged food (except for whole fruits and vegetables)				
A copy of your Safe Food Accreditation if your business activity involves processing meat, dairy, eggs, seafood or horticulture				
A copy of any relevant statutory permits, authoris licence	ations or approvals. E.g. a personal appearance services			
Details of any signage you intend to display and how it will be secured.				
LODGEMENT OPTIONS				
When you have signed and dated this form, please lodge it with the fees and all the supporting documents required at the council office, in person, email or post. If your application is successful, you will receive an approval certificate. Cook Shire Council (PO Box 3) 10 Furneaux Street Cooktown, Qld 4895 Phone: 07 4082 0500 Email: mail@cook.qld.gov.au Website: www.cook.qld.gov.au				
OFFICE USE ONLY	G/L: 2050.105.86			
Application fee	Approval issued Yes No			
Date paid	Receipt number			
Received by	Received by			
Name	Signature			
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