

ENVIRONMENT HEALTH SERVICES

Application for Commercial Use of Local Government Controlled Areas & Roads

Bundaberg Regional Council Subordinate Local Law No. 1.2

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. Council is required to collect this information under *Local Law 1 (Administration)* and *Subordinate Local Law No. 1.2 (Commercial Use of Local Government Controlled Areas and Roads) 2011*. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit <https://www.bundaberg.qld.gov.au/privacy> for further information.

This application must be completed if you wish to conduct a commercial activity on Council Controlled Areas and Roads e.g. mobile/roadside vending in parks.

Applications that are incomplete will not be accepted.

PART A Application Type

- | | |
|--|--|
| <input type="checkbox"/> Stationary Roadside Vending | <input type="checkbox"/> Mobile Roadside Vending |
| <input type="checkbox"/> Amendment of Approval | <input type="checkbox"/> Transfer of Approval |
| <input type="checkbox"/> Not-for-Profit Organisation | <input type="checkbox"/> Other → Please describe |

PART B Applicant Details

1 Applicant

Individual's full name

| Title | Surname/Family Name | First Name | Middle Name |
|---|---|---|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Or

Organisation's full name

2 Business/Trading Name

3 ABN (Australian Business Number)

4 Residential Address

| Shop No. | Street No. | Street | Suburb | Postcode |
|---|---|---|---|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

5 Postal Address

6 Business details

| | | |
|---|--|--|
| Business phone no. <input style="width: 100%;" type="text"/> | Business fax number <input style="width: 100%;" type="text"/> | Business mobile no. <input style="width: 100%;" type="text"/> |
|---|--|--|

Email

7 Preferred Contact Person's Details

Name

Business phone number

Business fax number

Business mobile No.

PART C Site Details

8 Premises Address/Area of Activity Operations

Unit No.

Street No.

Street

Suburb

Postcode

Locality/Park/Business Name

PART D Roadside Vending

9 Type of vending

- Mobile → Please supply a copy of Food Business Licence for Mobile Food Vehicle
- Stationary → Please attach a site plan
- Stall → submit application for temporary stall as well

10 What product is being sold?

- Food → Food Licence Number

23.

- Other Goods → Please describe

11 Vehicle Details

Please attach a copy of the vehicle's Registration Certificate

Registration number

Make

Model

Colour

12 Name of Registered Vehicle Owner

13 Will there be additional signage displays? (Does not include signage fixed to the stall/vehicle)

- No
- Yes → Please describe (*Ensure prior approval is sought for extra signs*)

14 How do you intend to dispose of waste product (liquid and solids) generated from the activity?

PART E Approval Specific

15 Hours of Operation

| Day | Time |
|-----------|------|
| Monday | |
| Wednesday | |

| Day | Time |
|----------|------|
| Tuesday | |
| Thursday | |

| | |
|--------|--|
| Friday | |
| Sunday | |

| | |
|-----------------|--|
| Saturday | |
| Public Holidays | |

16 Public Liability Insurance

Public liability insurance for \$20,000,000.00 is to be kept in force by the applicant at all times to indemnify Council. A copy of Certificate of Currency is required with this application.

Insurance Company Name

Business phone number

Business fax number

Business mobile No.

Amount of Public Liability Insurance

PART F Checklist

17 Completion Checklist *Required with this Application*

- Completed and signed application with prescribed fee
- 2 copies of plans, preferably not larger than A3 drawn to scale
- Copy of the Certificate of Currency for Public Liability Insurance
- Approval documentation from Main Roads regarding the stall/vehicle

PART J Declaration & Signature

18 Applicant declaration and signature

Have any of the applicants previously held an approval that was suspended, cancelled or refused, or been found guilty of an offence under the Local Law or corresponding law in Queensland or other States and Territories? *If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management committee are included.*

- No
- Yes → Please provide details in an attachment

I/we declare that the information provided in this application is true and correct and consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory and Commonwealth department in regard to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information.

Full Name of Signatory

Position of Signatory e.g. Owner, Manager

Signature and date

 / /20

APPLICATION LODGEMENT:

Applications may be lodged as follows:

- By Email: ceo@bundaberg.qld.gov.au – scanned copy with signatures only
- By Post: Mail to Bundaberg Regional Council, PO Box 3130, Bundaberg QLD 4670
- By Fax: 07 4150 5410 – with signatures only
- In person: At your local Customer Service Centre between 8:15 am and 4:45 pm Monday to Friday
- Bundaberg Administration Centre, 190 Bourbong Street, Bundaberg
 - Bargara Service Centre, 160 Hughes Road, Bargara
 - Childers Service Centre, 45 Churchill Street, Childers
 - Gin Gin Service Centre, 4 Dear Street, Gin Gin

| BUNDABERG REGIONAL COUNCIL USE ONLY | | | |
|-------------------------------------|--|----------------------|--|
| COMMUNITY & ENVIRONMENT | | | |
| Entered by C&E Admin | | | |
| Licence Number | | Total Amount Payable | |
| Receipt Type | | GL | |
| CUSTOMER SERVICE | | | |
| Receipt Number | | Date Paid | |