

Health & Planning Department 26-28 Adelaide Street PO Box 81 WENTWORTH NSW 2648

Tel: 03 5027 5027 council@wentworth.nsw.gov.au

MOBILE VENDOR PERMIT APPLICATION TO SELL FOOD

FEES AND CHARGES				
Assessment:	Receipt No: Copy required Yes No Date:		Date:	
Lodgement Fee: (Not-For-Profit organisations exempt) Job No. 1205 – 1170		New Application Annual Fee: \$ 260.00	Renewal \$ 170.00	Application Annual Fee:
		NOTE: Application fees valid until 30 June 2021		June 2021
This form is to be completed when a customer wishes to sell food from a mobile vehicle as a stand-alone business (NOT as part of a				

exempt) Job No. 1205 – 1170		\$ 260.00		Ş	5 170.00	
		NOTE: Application fees valid until 30 June 2021				
This form is to be completed when a customer wishes to sell food from a mobile vehicle as a stand-alone business (NOT as part of a Temporary Event) within the Wentworth LGA. The form must be completed and submitted and approved by Council prior to commencing operation. Council reserves the right to refuse an application that is lodged without sufficient information.						
PART A – TYPE OF APPLICATION						
□ New [Ren	ewal – Ple	ease advise your M	1FV nun	mber: MFV/	
Note: If you do not have a Mobile Food Vendor number,	please	proceed to	Part B.			
PART B – APPLICANT DETAILS						
Applicant Name:	1					
ABN:	Date Busines		Started:			
FSS Number: (Food Safety Supervisor)	FSS Name:					
Postal Address:						
Email: Phon		Phone:		M	lobile	
Onsite Contact Name:				M	lobile:	
Postal Address:						
PART C – VEHICLE DETAILS						
Vehicle Make:			Vehicle Model:			
Vehicle Registration Number:			Registration Expiry Date:			
Address where the vehicle is garaged:						
Vehicle Owners Name (must be the same as applicant and person/company insured):						
PART D – VEHICLE ACTIVITY DETAILS						
Proposed times of Vehicle Operation:	Fron	n:	am/pm	To	o:	am/pm
Proposed Day(s) of Vehicle Operation: Monday Friday		•	☐ Tuesday ☐ Saturday		Wednesday Sunday	☐ Thursday
Proposed Locations of Vehicle Operation:						
PART E – APPLICATION CHECKLIST						
Please tick the boxes below to ensure that you are providing copies of all required documents with this application.						
Application Checklist:						
RMS Vehicle Registration (as proof of registration)						
Food Safety Supervisor Certificate						
 ☐ Certificate of Currency of Third Party Property Damage Insurance to the value of \$10,000,000 ☐ Certificate of Currency of Public and Product Liability Insurance to the value of \$10,000,000 						
☐ Waste Management Plan (Provide details of how waste will be stored, processed and disposed of)						
☐ Vehicle build and layout plans (this only applies to renewals if changes have been made to the layout)						
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PAR	RT F – APPLICANT DE	CLARATION				
1.			best of my knowledge true and correct and, if the			
2.	application is on behalf of an organisation/company, I am duly authorised to sign on behalf of that organisation/company. I understand that if information is incomplete or attached support material is inadequate then more information may be requested and approval of this application may be delayed or rejected.					
3.						
4.	If damage is caus remediation cost deduct such costs	ed to a Council asset at any stage as a resul s from the organisation, company or individ s from any bond payment, and	t of the mobile vehicle activity, Council will seek repair or lual taking responsibility for the mobile vehicle or it will Council may amend or rescind any approval granted.			
I ag	ree to abide by all of	the relevant Acts, Policies and Legislatio	n pertaining to this application [(Please Tick)			
Nan	ne:		Position:			
Signature:			Date:			
DAR	RT G – LODGEMENT D	NETAII S				
FAN	AT G - LODGEIVIENT L	LIAILS				
By N	Mail:	PO Box 81 WENTWORTH NSW 2648				
In P	erson:	26-28 Adelaide Street WENTWORTH NSW 2648				
Ema	ail:	council@wentworth.nsw.gov.au				

Privacy and Personal Information Protection Notice

The personal information provided on this form is collected by Wentworth Shire Council for the purposes of processing this application by Council Employees and other authorised persons. This form will be stored within Council's record management system and may be available for public access and/or disclosure under various NSW Government legislation.

OFFICE USE ONLY	
Health & Planning Inspection Report	
Environmental Health Officer Name:	
Address where assessment occurred:	
Date assessed:	
Please tick applicable box below:	
Approval has NOT been granted by WSC OR	Section 68* Conditional Approval has been granted by WSC
Valid From:	Valid To:
Application Number: MFV/	
Conditions of Approval:	

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