

MOBILE VENDOR PERMIT APPLICATION TO SELL FOOD

FEES AND CHARGES			
Assessment:	Receipt No:	Copy required <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Lodgement Fee: (Not-For-Profit organisations exempt) Job No. 1205 – 1170		Application Annual Fee: \$ 183.00 • NOTE: Application fees valid until 30 June 2025	

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 Renewal – Please advise your MFV number: MFV/ _____

Note: If you do not have a Mobile Food Vendor number, please proceed to Part B.

PART B – APPLICANT DETAILS

Applicant Name:

ABN:	Date Business Started:	
FSS Number: <i>(Food Safety Supervisor)</i>	FSS Name:	
Postal Address:		
Email:	Phone:	Mobile:
Onsite Contact Name:		Mobile:
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 <i>(must be the same as applicant and person/company insured):</i>	

PART D – VEHICLE ACTIVITY DETAILS

Proposed times of Vehicle Operation:	From: am/pm	To: am/pm
Proposed Day(s) of Vehicle 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
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)*
- Suggested menu or list of foods being sold

PART F – APPLICANT DECLARATION	
1. I declare that all information supplied in this application is to the best of my knowledge true and correct and, if the application is on behalf of an organisation/company, I am duly authorised to sign on behalf of that organisation/company. 2. 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. I understand that at any time a Wentworth Shire Council Officer may attend site to monitor activities to ensure they are in accordance with the actions detailed in this application and (if applicable) the Mobile Vendor Permit/Agreement. 4. I acknowledge that: <ul style="list-style-type: none"> • If damage is caused to a Council asset at any stage as a result of the mobile vehicle activity, Council will seek repair or remediation costs from the organisation, company or individual taking responsibility for the mobile vehicle or it will deduct such costs from any bond payment, and • If any information provided in this application is misleading, Council may amend or rescind any approval granted. 	
I agree to abide by all of the relevant Acts, Policies and Legislation pertaining to this application <input type="checkbox"/> (Please Tick)	
Name:	Position:
Signature:	Date:
PART G – LODGEMENT DETAILS	
By Mail:	PO Box 81 WENTWORTH NSW 2648
In Person:	26-28 Adelaide Street WENTWORTH NSW 2648
Email:	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:	
<input type="checkbox"/> Approval has NOT been granted by WSC OR <input type="checkbox"/> Section 68* Conditional Approval has been granted by WSC	
Valid From:	Valid To:
Application Number: MFV/	
Conditions of Approval:	