

Office:
Date:/...../.....
Time:
Name:

Commercial Activities - Stationary Vending / Mobile Roadside Vending - Form

*Local Government Act 2009 Local Law No. 1 – (Administration) 2011
Subordinate Local Law No. 1.2 – (Commercial Use of Local Government Controlled Areas & Roads) 2011*

The Gladstone Regional Council is collecting your personal information in accordance with Council's Local Law 1 - Administration to process your Application for approval to undertake commercial activities within parks and reserves, on beaches and foreshores. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission or we are required by law.

NOTE: Your application will not be accepted or processed without the form being completed, applicable fee paid and all required documentation attached

Tick ONE box that applies to you

New Licence (Must complete sections A, B, C and D)

- Annual
- Temporary – Short term permit - Duration maximum 3 months
(Max cumulative duration of 11 months total per year from start of approval before annual approval required)

Other

- Amendment of Licensee Details (Transfer of Licence) Existing Licence Number: COA - _____
(Must complete sections A, B, C, D and E)
- Amendment of Premises (Alterations to premises structure) Existing Licence Number: COA - _____
(Must complete sections A, B, C, D and F)

SECTION A - LICENSEE APPLICANT DETAILS - THIS SECTION MUST BE COMPLETED

If applicant is a corporation, insert corporation name and ACN

Who is making this application? (please tick only one)

Individual/s ► GO TO 1. Individual Details - DO NOT COMPLETE 2. Corporation Details

Corporation/Incorporated Association ► GO TO 2. Corporation Details - DO NOT COMPLETE 1. Individual Details

1. INDIVIDUAL DETAILS

Individual 1

Mr Mrs Miss Ms Other

Last/Family Name

First/Given Name

Phone Number

Fax. Number

Mobile Number

Individual 2

Mr Mrs Miss Ms Other

Last/Family Name

First/Given Name

Phone Number

Fax. Number

Mobile Number

Email and Postal details of individual(s) making application - please provide 1 email and postal address only

Email:

Postal Address:

2. CORPORATION DETAILS

NOTE: A Business Name and Trustee is not a legal entity and cannot hold a licence.

Corporation Name:

Phone - Work: ()

Fax: ()

Mobile:

ABN:

ACN:

Email:

Postal Address:

3. APPLICANT DECLARATION AND SIGNATURE (new licensee)

I/We acknowledge and agree that any permit issued pursuant to this application shall be subject to the following conditions:

- The approval holder shall, at all times, hold harmless and keep indemnified the Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the approval holder or agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the permit or in the observance, fulfillment, non-observance or non-fulfillment of any condition of the approval.
- The approval holder shall ensure a Public Liability Insurance Policy taken out by him / her to the minimum value of twenty million dollars is kept in force for the whole of the period that the approval covers, and includes the Council as an interested party.

I/We hereby acknowledge and declare the information I/we have provided is true and correct. I/We acknowledge and agree to abide by the conditions of the approval set by Council.

Applicant 1

Name of Individual or Agent/Consultant

Name of Signatory (if applicant is a Corporation)

Position (Proprietor, Director, Manager)

Signature

Date

Applicant 2

Name of Individual or Agent/Consultant

Name of Signatory (if applicant is a Corporation)

Position (Proprietor, Director, Manager)

Signature

Date

SECTION B - BUSINESS/TRADING DETAILS - Trading Name must be registered with the Office of Fair Trading

Trading Name:		
ABN:	ACN:	
Street Address:		
Locality / Suburb:	State:	Postcode:
Lot no:	Reg. plan no:	Parish:
Contact Person:		
Phone:	Mobile:	
Fax:	Email:	

Landowner / Adjoining Business Consent (For stationary vending licenses only)

Name:		
Street Address:		
Locality / Suburb:	State:	Postcode:
Lot no:	Reg. plan no:	Parish:
Contact Person:		
Phone:	Mobile:	
Fax:	Email:	

I/We being the owners / tenant of the adjoining property described in this application hereby advise that I/we do not object to the abovementioned applicant making this application.

Signature:
Date:
SECTION C - DETAILS OF PROPOSED BUSINESS ACTIVITY & COMPLIANCE WITH THE LOCAL LAW'S GUIDING PRINCIPLES

<input type="checkbox"/> Stationery Vending Licence	<input type="checkbox"/> Mobile Roadside Vending Licence
Location to be sold from / Proposed use of area (please note each location):	
Products and/or services to be sold:	
No. of personnel for business:	Est max number of customers - at any one time & in a year
Hours of Operation (days & time):	
Details of any waste products/disposal:	
How will you ensure that priority use of the space by the community is maintained:	
What are the benefits for the community and how will impacts be limited in your business operations:	
Types of vehicles to be used (if any):	Rego:
	Rego:
Type of stall to be used (if any):	

Is signage intended to be displayed? If YES, provide details of signage and how it will be secured. YES NO

Stationary vending applications only

Are there any fixed premises close to the proposed location that provide the same or similar products and/or services.

YES NO If YES, provide details

How does your activity contribute to providing local employment?

Are the goods and/or services you propose to sell needed to meet public demand: YES NO

If YES, provide details

SECTION D - PUBLIC LIABILITY INSURANCE

A copy of current \$20,000,000 Public Liability Insurance Policy must accompany all applications

Name of insured company:

Name of insured:

Policy No:

Amount:

Expiry Date:

SECTION E - PREVIOUS BUSINESS AND LICENSEE DETAILS (Transfer Only)

If previous Licensee is a corporation, PLEASE ONLY COMPLETE 1. CORPORATION DETAILS

If previous Licensee is an individual, PLEASE ONLY COMPLETE 2. INDIVIDUAL DETAILS

Previous Trading Name:

1. PREVIOUS CORPORATION DETAILS

Corporation Name:

Ph Work: ()

Fax: ()

Mobile:

2. PREVIOUS INDIVIDUAL DETAILS

Individual 1

Mr Mrs Miss Ms Other

Last/Family Name

First/Given Name

Phone/Mobile Number

Individual 2

Mr Mrs Miss Ms Other

Last/Family Name

First/Given Name

Phone/Mobile Number

3. APPLICANT DECLARATION AND SIGNATURE (previous licensee to complete and sign)

Please note that if not completed or signed Council cannot progress with the Transfer of Licensee approval

I/We hereby declare the information I/we have provided is true and correct. By signing this form, you are agreeing that you are no longer responsible for the ownership/operation of the business listed in the application form and agree to relinquish all rights and responsibilities in relation to this business activity to the applicant listed on this application form.

Applicant 1

Name of Individual or Agent/Consultant

Name of Signatory (if applicant is a Corporation)

Position (Proprietor, Director, Manager)

Signature

Date

 / /

Applicant 2

Name of Individual or Agent/Consultant

Name of Signatory (if applicant is a Corporation)

Position (Proprietor, Director, Manager)

Signature

Date

 / /

SECTION F - AMENDMENT DETAILS ATTACH PHOTOGRAPHS / PLANS / SPECIFICATIONS TO SUPPORT APPLICATION

Amendment (Alteration) Details:

LODGEMENT Note: Your application will not be assessed without the below attachments

The following must be attached to your application:

- A copy of your Public Liability Insurance Policy to the sum of not less than \$20,000,000.00 (20 million dollars). The public liability must indemnify Council, in the prescribed form and manner, against all public liability claims arising from operating the business.
- A copy of your current registration certificate must be provided for each vehicle proposed to be used in the operation of the facility.

Additional information for Stationary Vending only

- A site plan clearly showing the width of the footpath and the preferred location for each item for which the permit is sought (including clearance distances to the kerb).
- A sketch or specifications of the item/s.

OFFICE USE - New Applicant, Amendment/Transfer Receipt to Licence Number

Customer Service

Officer Name:

Receipt Number:

Date:

PAYMENT OPTIONS Only to be completed if NOT paying at a Council Office in person

In person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.

CREDIT CARD → Visa Master Card AMEX Please tick if a receipt is required: Yes No

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name on Card: _____

POST → Post a cheque or money order made payable to:
Gladstone Regional Council
PO BOX 29
GLADSTONE DC QLD 4680