



Longreach Regional Council

Ifracombe Isisford Longreach Yaraka

Address all correspondence to:
Chief Executive Officer
Po Box 144, Ilfracombe QLD 4727
 Tel: (07) 4658 4111 | Fax: (07) 4658 4116
 Email assist@longreach.qld.gov.au
 Website www.longreach.qld.gov.au

Local Government Act 2009

Local Law No. 1 (Administration) 2011

Subordinate Local Law No. 1.2 (Commercial Use of Government Controlled Areas and Roads) 2011

Roadside Vending

Application for a Roadside Vending Permit

If you have any specific enquiries regarding how to complete this form or applicable fees please contact your Council.

Please complete this application in BLOCK LETTERS and tick boxes where applicable.

If a question does not apply, please indicate by writing "n/a".

Application is for approval of:

- Single Visit
 Occasional Visit – max. 6 visits
 Frequent Visit – max. 12 visits
 Very frequent approval – 1 visit per fortnight

Applicant/s details

Title		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	<input type="checkbox"/> Other (specify)
Family Name						
Given Names						
Company Name					ACN / ARBN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Title		Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	<input type="checkbox"/> Other (specify)
Family Name						
Given Names						
Company Name					ACN / ARBN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Signature			Signature			
Position			Position			
Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Trading Name						

If applicant is a company, insert company name and CAN/ARBN

Contact details

Residential address	
Locality / Suburb	
State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Postal Address	
Locality / Suburb	
State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Contact person	
Contact ph <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	e-mail: _____

If same as above write "as above".

Vehicle / stall details

Vehicle details	Make	Model	Reg No.
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If stationary.	Description of stall
	Details of goods / services to be supplied
	Details of times and places at which goods or services will be supplied
	Proposed location of stall
	Period permit required

Proof of public liability

Name of Insurance company
Date policy expires <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NOTE. A copy of your public liability must be attached and Council must be named as the principal insured party.

Lodgement:

On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.

Please note: This application MUST be lodged with your Council.

Office use only

Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Receipt no.
Amount \$	Cashier

EHO use only

Dept. Main Roads approval required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application complies with Council policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

The information collected in this form will be used by Council for lawful purpose directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government. The information collected may be retained as required by the *Public Records Act 2002*.