**Mobile Food Vendor Application**

Local Government Act 1993 Section 68 Approval, Part 7F

This form is for approval to operate as a mobile food vendor within the City of Wagga Wagga in accordance with the policy: Mobile Food Vendor - Trading in Public Places.

**How to complete this form**

1. Ensure all fields have been filled out correctly – incomplete forms may cause delays in processing
2. All required attachments are mandatory – your application will not be accepted if these documents are not included
3. Once completed you can submit this form by mail or in person – details below

**Section 1. Applicant Details**

|  |  |
| --- | --- |
| Applicant name: |  |
| Business name: |  |
| ABN: |  |
| Mailing address: |  |
| Phone: |  |
| Email: |  |

**Section 2. Vehicle details**

|  |  |
| --- | --- |
| Vehicle owner’s name: |  |
| Vehicle make & model: |  |
| Vehicle registration: |  |
| Registration expiry: |  |
| Address where vehicle is stored overnight: |  |

**Section 3. Business information**

|  |  |
| --- | --- |
| List the food items you plan to offer: |  |
| Provide details about your small business experience: |  |

**Section 4.** Application checklist

* RMS Vehicle Registration (as proof of registration)
* Certificate of Currency of Third-Party Property Damage Insurance to the value of $10,000,000
* Certificate of Currency for Public and Product Liability Insurance to the value of $10,000,000
* Operational Plan of Management
* Vehicle build and layout plans
* Food Safety Supervisor Certificate
* Suggested menu or list of foods being sold
* Health inspection report by a Council Environmental Health Officer
* $350 (all fees to be paid in full at time of application lodgement)

**Section 5.** Fees

Fees must be paid in full, whether you plan to operate for a full 12 months, or part of the year. Payment is due at time of application.

**Section 6.** Applicant declaration

I certify that the information provided in and supporting this application is true and correct and that I am legally authorised to sign this application for and on behalf of the applicant organisation/company.

|  |  |
| --- | --- |
| Signed: |  |
| Name: |  |
| Date: |  |

**Section 7.** Submit your completed application

**EMAIL**: council@wagga.nsw.gov.au

**MAIL**: P.O. BOX 20 WAGGA WAGGA NSW 2650

**IN PERSON:** Wagga Wagga City Council, Corner Baylis & Morrow Streets, Wagga Wagga

**WHAT NOW**: Once your application is received a Council Officer will contact you if further information is required.

**TELEPHONE**: 1300 2 92442 / 1300 2 WAGGA