

Goondiwindi Regional Council

LMB 7,
Inglewood QLD 4387

Telephone 07 4671 7400 Facsimile 07 4671 7433
Email mail@grc.qld.gov.au
Website www.grc.qld.gov.au



Local Government
Act 2009

Local Law No 1
(Administration) 2011
Subordinate Local Law
1.2 (Commercial Use of
Local Government
Controlled Areas and
Roads) 2011

Itinerant Vendor

Application for Itinerant Vendor's Approval

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Itinerant Vendor Approval Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State Postcode

Contact ph. Mobile

Contact fax Email _____

Business name must be
registered with the Office
of Fair Trading.
If applicant is a company,
insert company name and
ACN / ARBN.
This is the fixed location
of the business.

Business details

Business name BN

Company name ACN / ARBN

Street address

Locality / Suburb

State Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email		
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish

Vehicle / stall details

Vehicle details		
Make	Model	Colour
Type	Reg. no.	
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 approval required		
What promotional or advertising material is to be used in connection with the activity?		
Do you intend to use any amplification equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes		

If stationary.

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Approval and the Council'.

Public liability insurance

Name of insurance company	
Name of insured	
Policy no.	Amount of cover \$
Policy expiry 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"/>

Lodgement

Please attach the following:

1. Advice in writing from Main Roads that it agrees to the proposal, if the vehicle is to operate on a State-controlled road.
2. A copy of the licence required under the *Food Act 2006*, if food is to be offered for sale from the vehicle.
3. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.

Please note: This application and fee 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 No Yes

Application complies with Council policy No Yes

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"/>
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(Environmental Health Officer)