

Cloncurry Shire Council

38-46 Daintree Street, Cloncurry
PO Box 3,
Cloncurry QLD 4824



Telephone 07 4742 4100 Facsimile 07 4742 1712
Email council@cloncurry.qld.gov.au
Website www.cloncurry.qld.gov.au

Local Government
Act 1993

Local Law
(Commercial Use of
Roads)

Itinerant Vendor

Application for Itinerant Vendor's Licence

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 Licence 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 details

Business name _____ BN

Company name _____ ACN / ARBN

Street address

Locality / Suburb

State Postcode

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.

Enter postal address if different from street address.	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"/>
	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"/>	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"/>	
	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"/>	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		

If stationary.	Proposed location of stall
	Period permit 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

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 Permit and the Council'.	Public liability insurance	
	Name of insurance company	
	Name of insured	
	Policy no.	Amount of cover \$
	Policy expiry 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"/>	

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 Hygiene Regulation 1989*, 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 onlyDept. Main Roads approval required No YesApplication 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"/>
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(Environmental Health Officer)