

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)

Standing Vehicle / Stall

Application for a Standing Vehicle / Stall 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

Standing Vehicle / Stall 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 name must be
registered with the Office
of Fair Trading.
If applicant is a company,
insert company name and
ACN / ARBN.

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"/>	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"/>	
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"/>	Email		
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish

Site details

Street address of site		
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"/>
Products to be sold		
Type of vehicle / stall		
Proposed storage location of vehicle / stall		
Vehicle details		
Registration no.	Make	
Model	Type	Colour
Period for which licence is required From <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
Time of day From <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am / <input type="text"/> pm To <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> am / <input type="text"/> pm		
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		

Owner/s consent

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.

Name		
Street 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"/>	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"/>	
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"/>	Email	
I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application.		
Signature	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

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="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. 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.
2. A copy of any other registration, licence, permit or approval required under any other law.
3. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

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

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
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"/>	Account property no.	
Regulated parking approval required	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Department of Main Roads approval required	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Application complies with Council policy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Approved	_____		
	(Council Officer)		