



MOBILE VENDING APPLICATION FORM

OFFICE USE ONLY

Date Received: _____/_____/_____ Application Number: _____
Fees: _____ Receipt No: _____

APPLICANT DETAILS

Name: (Full Name Required)

Street No: Street Name:

Suburb or Town State Postcode

Daytime telephone Fax Mobile

Email

The applicant, or the applicant's agent, must sign the application.

Signature Date

OWNERS DETAILS

Name: (Full Name Required)

Street No: Street Name:

Suburb or Town State Postcode

Daytime telephone Fax Mobile

Email

Please note: - where more than one name is on the title, all owners must sign the application. If signed on behalf of a Body Corporate, the Common Seal must be stamped on this section.

As the owner(s) of the above property, I/we consent to this application:

Signature Date

Signature Date

VEHICLE DETAILS

Registration No: Vehicle Make:

Vehicle Model: State of Registration:

Food Notification Database Registration Number:



PROPERTY DETAILS OF LAND WHERE VENDING TO BE CARRIED OUT

1.

Street No: Street Name:

Suburb or Town State Postcode

Lot No. Section No. (If Applicable) DP No.

2.

Street No: Street Name:

Suburb or Town State Postcode

Lot No. Section No. (If Applicable) DP No.

3.

Street No: Street Name:

Suburb or Town State Postcode

Lot No. Section No. (If Applicable) DP No.

4.

Street No: Street Name:

Suburb or Town State Postcode

Lot No. Section No. (If Applicable) DP No.

Please attach a map if multiple locations