

FOOD TRUCK PERMIT APPLICATION FORM

Applicant's name:						
Business name:						
ABN:						
Postal address:						
Phone:	Email:					
Please describe the type of foods and/or beverages you intend to sell:						
Vehicle type:						
Model & year:						
Registration number:						
_						
Vehicle dimensions						
What is the total length of the mobile food business, in metres:						
What is the total height of the mobile food business, in metres:						
What is the total width of the mobile food business in metres:						



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Intended trading location/s Please also attach a locality plan and note the no go trading zones outlined in the Kingborough Council Food Truck Policy.						
	posed trading days	. ,				
Plea		inten	d your mobile food business	s to tra		
	Monday		Thursday		Saturday	
	Tuesday		Friday		Sunday	
	Wednesday					
Pro	posed trading times					
Please specify which hours you wish your mobile food business to trade.						
	7am - 11am		2pm - 5pm			
	11am - 2pm		5pm - 8pm			
Pov	ver source					
Please describe the power source for food preparation and storage for your mobile food vehicle.						



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Permit typ	oe				
Please select which permit option you are applying for.					
	Annual Food Truck Permit (from 1 July in year granted to 30 June the following year)				
	3 Month Food Truck Permit – Commencing:				
Food Truck Permits incur a fee as set by Council and listed in the Fees and Charges Schedule.					
Applicatio	n attachment checklist				
Please atta	ach copies of the below documentation with your application:				
	Certificate of Currency for at least \$10M Public Liability Insurance				
	Mobile Food Business Registration Certificate as issued by a Tasmanian Council				
	Tasmanian Vehicle Registration (if applicable)				
	Locality plan of intended trading locations.				
If your application is successful do you agree to comply with all the conditions of this permit and assume all responsibility for any and all liabilities that arise as a direct result of your mobile food business trading in the municipality:					
□ Yes	□ No				
By signing below you declare that all information provided in this application is true and correct.					
Applicant's Signature: Date:					

Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of the Kingborough Council in order to advance the purposes of this form and to carry out Council business. The Personal Information Protection Act 2004 and Council's Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make application to access or amend personal information held by Council by contacting the Customer Service Unit on 6211 8200. Should you not provide the information sought, Council will not be able to process this form.