

Application to operate a Mobile Food Vending Vehicle

Please complete form and deliver or fax to Port Stephens Council

Port Stephens Council is collecting your name, the name and location of your business in accordance with the Food Act 2003 in order to assess your application to operate a Mobile Food Vending Vehicle. The information will only be accessed by employees of Port Stephens Council. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

[] (Place ✔ in appropriate box)							
Section 1 - Applicant De	etails						
Name of Business:							
Name of Operator:							
Postal Address:							
				Postcode:			
Telephone (business hours):			Telephone (o	after hours):			
Fax Number:			E-mail Addre	ess:			
Are you a charity or communi	ly organisation?	Yes	No				
Business registered with the NSW Food Authority?		Yes - Reg	gistration No:			No N/A	
Food Safety Supervisor required	1?	Yes - Cer	tificate No:			No N/A	
Section 2 - Vehicle Detc	zils						
Type of vehicle:	Vehicle Van (tov	ved) 🗌 Traile	ər 🗌	Cart			
Registration Number:		State of Regist	ration:		Registration Expiry I	Date:	
Is the vehicle registered in anot	lher Council area?	Yes	No	N/A			
If yes, Council name:					Identification numb	ber	

Section 3: Operational Details

Type of food to be sold from vehicle?

Food sold	Preparation details
	Pre-packaged Un packaged Prepared within vehicle
	Pre-packaged Un packaged Prepared within vehicle
	Pre-packaged Un packaged Prepared within vehicle
	Pre-packaged Un packaged Prepared within vehicle
	Pre-packaged Un packaged Prepared within vehicle

Applications for the operation of a mobile food vehicle are required to be lodged with Council prior to the operation of the vehicle.

I/We hereby make application for an approval to operate a mobile food vehicle in the Port Stephens LGA I/We confirm that the above particulars are true and correct and that I/We agree to abide by the conditions of the Mobile Food Vending Vehicle Policy (as amended from time to time).

Signature	Date	
Submit		

Please return your completed and signed application to:

In person/mail:

116 Adelaide Street/PO Box 42Raymond TerraceNSW2324

Online: