## **APPLICATION FOR PERMIT FOR USE OF ROAD OR FOOTPATH**



Please complete all details in full.		Maranoa Regional Council		
Privacy Statement		<b>ABN:</b> 99 324 089 164		
Maranoa Regional Council is collecting your personal informat		Correspondence: PO Box 620, Roma QLD 4455; or PO Box		
in accordance with the Local Government Ac	y be used by ng your request. r person or agency	42, Mitchell QLD 4465		
assess your request. The information will only authorised officers for the purpose of assessi		Phone: 1300 007 662 Fax: 4624 6990		
Your information will not be given to any other			Email: council@maranoa.qld.gov.au	
unless you have given us permission or we a			Web: www.maranoa.qld.gov.au	
allowed to by law.		www.mardnod.qld.gov.dd		
TYPE OF ACTIVITY				
Stationary Roadside Vending		Street Stall (e.g. cake stall, sausage sizzle, car wash)		
Mobile Roadside Vending		Display or Information Booth		
Display of Goods for Sale on Footpath		Musical or Theatrical Performance (e.g. Busking)		
Footpath Dining		Other:		
APPLICANT'S DETAILS				
Name of Applicant/s				
Registered Charity or Not for Profit				
Company Name				
Address				
Town	State		Postcode	
Postal address				
Phone				
Mobile		Email		

### **PREMISES DETAILS – NOT REQUIRED FOR MOBILE ROADSIDE VENDING**

Name of Business		
Manager/Owner name:	Date	
Street Address:		
Signature:		

If the application is not made on behalf of the adjacent business, your application must be accompanied by the written consent of the occupier of the adjacent business.

<b>PUBLIC LIABILITY INSURANCE (</b>	PLEASE PROVIDE A CERTIFI	CATE OF CURRENCY)

You must hold or maintain for the whole term of a permit \$20,000,000 public risk insurance policy.

A copy of your Certificate of Currency must be provided to Council.

Name of Insurance Company

#### **Insured Amount**

**Policy Number** 

Expiry Date

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COMPLETE ONLY THE SECTION BELOW RELATING TO YOUR ACTIVITY					
STATIONARY Type of goods to be sold					
ROADSIDE					
VENDING	Days and times				
FOOTPATH DINING	Number of tables		Number of chairs		
	Days and times				
	Type of goods to be displayed, and how goods will be displayed				
DISPLAY OF GOODS ON FOOTPATH					
	Days and times				
	Vehicle Registration – Please provide of	opy of current re	gistration		
	Make	Model		Colour	
MOBILE ROADSIDE	Type of product to be sold				
VENDING					
	Where activity is to be conducted				
	Details of street stall				
	Details of equipment				
STREET STALL					
	Where activity is to be conducted				
	Deve and there				
	Days and times				
DISPLAY OR Details of fundraiser or booth					
INFORMATION BOOTH Days and times					
MUSICAL OR	-				
THEATRICAL	Performance type Days and times				
OTHER/FURTHER DETAILS					

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### PLAN

Please provide a site plan showing the location of the proposed stall/tables and chairs/goods/planter boxes/waste disposal in relation to the adjacent premises. (Not required for mobile roadside vending)

Road Kerbside

Footpath

**Property Boundary** 

### CONDITIONS OF PERMIT THAT MAY APPLY

- Remove all tables, chairs, fixtures and fittings from the area identified in the approval when the principal premises are not open for business; and
- Keep and maintain the area identified in the approval, including all tables, chairs, fixtures, fittings and equipment used in the operation of the activity at all times in a clean, sanitary and tidy condition; and
- Keep and maintain in an about the area identified in the approval, adequate waste disposal facilities, for example: bins, and to be responsible for the removal of all waste from the waste disposal facilities at such intervals as an authorised person may direct; and
- Not place or display any sign or device advertising the activity in the area identified in the approval otherwise than in accordance with the approval of the local government which authorises the use of the footpath for that purpose; and
- Keep and maintain a clear un-obstructed pedestrian corridor of a specified width depending on the density of pedestrian traffic.

### **DECLARATION OF APPLICANT**

I hereby declare the information on this form and the attachments provided are true and correct.				
Signature	Date	/	/	

Date Received	TRIM Application
	TRIM Permit
Receipt Number	Authority Register Number