



KATHERINE  
TOWN COUNCIL

# Mobile Food Van Permit

## Application Form

*Please complete this form if you intend operate a mobile food van business in a public location within the Katherine municipality. Please note that supporting evidence is required for some sections. Please refer to Council's Mobile Food Van Policy for further information.*

SECTION 1: APPLICANT DETAILS	
NAME	
PHONE	EMAIL
POSTAL ADDRESS	
SECTION 2: MOBILE FOOD VAN DETAILS	
Organisation/business name	
ABN	
Provide the business website address and/or social media accounts (if applicable)	
Date of Food Business Registration (please provide copy of registration)	
NT vehicle/trailer registration details (please provide evidence of registration or exemption)	
Type of mobile set up: Truck/Van, Trailer, or Cart	
Mobile food van details including power and water resources (please attach a photograph)	
Proposed advertising (please attach detailed plans or diagrams of advertising)	
Waste management approach (please attach detailed plan regarding liquid waste and garbage disposal, use of environmental packaging and utensils, plans for disposal and recycling)	
Please outline what food/beverages will be sold	

### SECTION 3: INSURANCE DETAILS

Insurance company name	
Policy number (please provide a copy of the certificate of currency)	
Level of insurance	
Expiry date	
Name of policy holder	

### SECTION 4: PROPOSED LOCATION AND OPERATING DAYS/TIMES

Please tick appropriate box.

- Lindsay Street Complex Carpark
- Showgrounds Carpark (off Victoria Highway)
- Information Bay (North Bound), Stuart Highway
- Information Bay (South Bound), Stuart Highway
- Information Bay (West Bound), Victoria Highway
- Railway Terrace Carpark
- Ryan Park Carpark
- Lockheed Park
- Adventure Play Park

DAY	Opening time	Closing time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### SECTION 5: APPLICANT'S DECLARATION

I have read and fully understood the Katherine Town Council Mobile Food Van policy (the Policy).

I declare that I will abide by the requirements of the Policy in relation to the operation of a mobile food van.

I understand that if I breach the policy, the permit may be cancelled.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CONSULTATION PERIOD (including dates of consultation and feedback received; if adjacent to existing food businesses, please provide evidence of consultation)**

## SECTION 5: RECOMMENDATION AND CEO DECISION

### **Recommendation by Council officer**

Approved       Approve with conditions (see below)       Reject (reasons outlined below)

**NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## CHIEF EXECUTIVE OFFICER

Approved       Approved with conditions (see below)       Rejected (reasons outlined below)

### **Conditions of approval / Reason for rejection**

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**NAME**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Office use only*

Permit number:	Date Issued:
Expiry date:	Officer name: