



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

NAME

SIGNATURE

DATE

Office use only

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