

APPLICATION FOR A PERMIT TO OPERATE A FOOD VENDOR VEHICLE FEES: HI-MED RISK \$1430 – LOW RISK \$715

Please return completed form to:

In Person: Kangaroo Island Council, 43 Dauncey Street, Kingscote
Penneshaw Community Business Centre, 99 Middle Terrace, Penneshaw
By Post: PO Box 121, Kingscote SA 5223
Fax: 08 8553 2885
Email: kicouncil@kicouncil.sa.gov.au

If this is an application for a new permit, please contact the Council's Environmental Health Officer (EHO) to organise an appointment time for your vehicle to be inspected. Once the vehicle is inspected and approved by Council's Environmental Health Officer, please return approved application, payment and a copy of your Public Liability Insurance (minimum of \$20,000,000) to Council for issuing of permit. Inspections of vehicles the subject of permit renewals, will be conducted through the year at the discretion of the EHO. Note: Vehicle Registration papers must always be carried should an authorised officer request to see them.

Please tick appropriate:

New Application Amendment to Existing Application

Transfer of Ownership Renewal of Existing Permit

Section A: Applicant Details

Name:

Postal Address:

Postcode:

Residential Address:

Postcode:

Telephone:

Mobile:

Email address:

Section B: Business Details

Business Name:

Contact Person:

Australian Business
Number:

Telephone:

Mobile:

Section B: Business Details (continued)

Email address: _____

Registration Number(s) of Food Vending Vehicle(s):

1. _____

2. _____

Proposed Hours of Operation

Monday to Friday

1. _____

Saturday to Sunday

2. _____

Proposed location(s) of where food vending vehicle will be operating:

1 _____

2 _____

3 _____

Section C: Declaration

Should the permit be granted by Kangaroo Island Council, I hereby agree to abide by the conditions of the permit and Council's Guidelines for the Operation of Food Vending Vehicles:

Signature: _____

Date: _____

/ /

Office Use Only

Inspection Date: _____

/ /

Permit Approved: Yes No

Council approves/does not approve the food vending subject to the following conditions:

Authorised Name: _____

Position: _____

Signature: _____

Date: _____

/ /

Receipt Number: _____

Date Paid: _____

/ /

Insurance Received

Yes

No