

APPLICANT'S DETAILS (individual's full name or company must be a legal entity)													
Company name													
Title	Title		en names				Surname			ame			
Title		Give	iiven names				Surname						
Note: a t	rading name	e or trust	trust cannot hold a licence										
			Sole trader										
			Partnership										
Entity type			ABN/ACN (mandatory)										
			Copy of photo ID attached (if no ABN)										
Registered address													
Suburb	Suburb							State/Territory			Postcode		
Postal a	address (if	different	t from above)										
Suburb							State/Territory			Postcode			
Home p	ohone					phone		<u></u>		Mobile			
Email													
BUSINESS DETAILS													
Business/trading name													
Type of	fcuisine												
VEHICLE DETAILS													
Registration number													
Make a	nd mode	l											
Dimens	sions												
Mobile food licence r			number				Authorising council (i.e. Brisbane City Council)						
I am exempt from holding a mobile food licence													
Note: only one vehicle per application													
PUBLIC LIABILITY INSURANCE													
Public liability insurance is required for your activity. This insurance must be maintained throughout the time of your activity and must have a minimum cover of \$20 million. The insurance company must be licensed to operate in Australia. A current Public Liability Certificate or a cover note must be included with this application for it to be assessed.													

ATTACHMENTS									
	Copy of current food business licence (if applicable)								
	Public liability insurance – certificate of currency								
	Food truck menu								
	Photographs and logo of mobile food truck								
Note: your photographs, logo and menu may be used to advertise your business on the Ipswich City Council website.									
DECLARATION									
I/we acknowledge that acceptance of this application does not guarantee approval by council.									
I/we acknowledge that a licence may be subject to conditions and agree to abide by the conditions of the licence as set									
	by council.								
	I/we Agree to indemnify council and keep it indemnified against any claim, demand, action, suit or proceeding that may be made or brought against council, its employees, contractors and elected members for personal injury to or death of any person or loss								
	of or damage to any property caused by, arising out of or as a consequence of the Activity								
I/we acknowledge that any licence issued persuant to this application shall be subject to the following conditions:									
	-	ill, at times, hold harmless and keep indemnified the o	-	-					
-7		proceedings, claims, demands, losses, costs, charges a							
		or any of them directly or indirectly on account of c							
	thing done or supporting to be carried out under the licence or in the observance, fulfillment, non-observance or								
non-fulfillment of any condition of the licence.									
b) The licence holder shall ensure Public Liability Insurance Policy taken out by himself/herself to the minimum value of \$20 million dollars is kept in force for the whole of the period that the licence covers and includes the council as an									
interested party.									
Applicant name									
Applio	cant signature		Date						
Applicant name									
Applie	cant signature		Date						
	-								

Note: Applicants making electronic submissions must attach PDF files. All file attachments. especially drawings. must be clear and legible. If this criteria is not met then council will not be able to commence processing the application until data clarity issues are resolved.

PAYMENT OPTIONS							
For fees and charges please refer to Ipswich.qld.gov.au/feesandcharges							
Credit Card Type: Card Number: Expiry Date:	Visa Mastercard						
Payee name	name						
Payee address							
Contact name							
Email address							
Amount authorised	Amount authorised \$						
Cardholder's signature							
Cheque (make payable to Ipswich City Council), Cash, Money Order or Credit Card							
LODGEMENT							
In person:		Post to:		Email:			
Ground Floor 1 Nicholas Street Ipswich QLD 4305	Or scan the QR code for all in person locations	Ipswich City Council PO Box 191 IPSWICH QLD 4305		<u>council@ipswich.qld.gov.au</u>			
OFFICE USE ONLY							
Prepayment allocation n	umber	Amount paid \$					
Date paid		Receipt number					

Ipswich City Council is collecting your personal information for the purpose of fulfilling its functions, responsibilities and activities. Please see council's <u>Privacy Statement</u> and <u>Personal</u> <u>Information Digest</u> for further information about how we manage personal information, to whom personal information could be disclosed and the laws that authorise or require the collection of personal information by the council. Generally, we do not disclose your personal information outside of council unless we are required by law to do so or you have given your consent. By completing and signing this form and returning it to council, we will consider that you have given us your consent to manage your personal information in the manner described in council's Privacy Statement, Information Digest and this collection notice.

Last reviewed July 2021_A7358902