

Gladstone Regional Council

101 Goonoon St, Gladstone
PO Box 29
Gladstone QLD 4680

Telephone 07 4970 0700 Facsimile 07 4975 8500

Website: www.gladstone.qld.gov.au



Local Government Act
2009

Local Law 1 -
(Administration) 2011
Subordinate Local Law 1.2
- (Commercial Use of
Local Government
Controlled Areas & Roads)
2011

Stationary Vending Application for Stationary Vending

The Gladstone Regional Council is collecting your personal information in accordance with Council's Local Law 1 - Administration to process your Application for approval to undertake commercial activities on controlled areas and roads. The information will only be accessed by authorised council employees. Some of this information may be given to other Government Departments in case of an emergency. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Applicable Fees

Application Fee: \$ _____ Annual Fee: \$ _____

Applicant/s details

If applicant is a
corporation,
insert corporation name
and ACN / ARBN

Corporation name

ACN / ARBN

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I/we acknowledge that any permit issued pursuant to this application shall be subject to the following conditions:

- The approval holder shall, at all times, hold harmless and keep indemnified the Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the approval holder or agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the permit or in the observance, fulfillment, non-observance or non-fulfillment of any condition of the approval.
- The approval holder shall ensure a Public Liability Insurance Policy taken out by him / her to the minimum value of twenty million dollars is kept in force for the whole of the period that the approval covers, and includes the Council as an interested party.

I/we agree to abide by the conditions of the approval set by Council.

Indemnity

Signature

Date

Signature

Date

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email:

This must be the REGISTERED name of the business.	Business Site details		
	Trading name		
	Storage address		
Real property description – refer to Rates Notice.	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Lot no.	Reg. plan no.	Parish
Details of Proposed Business Activity:	Proposed Use of Area:		
	Products to be sold:		
	Hours of Operation (days & time):		
	Type of vehicle / stall:		
	Details of waste products / disposal:		
	Is signage intended to be displayed? <input type="checkbox"/> Yes - Provide details of signage and how will be secured. <input type="checkbox"/> No		

This is the name and address of the owner/s / business of the premises (if applicable).	Landowner / adjoining business consent		
	Name:		
	Postal address		
	Locality / Suburb		
	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email		
I / We being the owners of the property described in this application hereby consent to the mentioned applicant making this application			
Signature		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A copy of a \$20,000,000 Public Liability Insurance Policy must accompany all applications.	Public Liability Insurance		
	Name of insured company		
	Name of insured		
	Policy No.	Amount of cover	
Policy Expiry Date			

	Lodgement
	Please attach the following: <ul style="list-style-type: none"> 1. A Site Plan - clearly showing the width of the footpath and the preferred location for each item for which the permit is sought (including clearance distances to the kerb). 2. A sketch or specification of the item/s. 3. A copy of your Public Liability Insurance Policy to the sum of not less than \$20,000,000.00 (20 million dollars). The public liability must indemnify Council, in the prescribed form and manner, against all public liability claims arising from operating the business. 4. A copy of a current registration certificate must be provided for each vehicle proposed to be used in the operation of the activity <p>Please note: This application and fee MUST be lodged with your Council and will not be processed if all required information is not attached.</p>

	Office use only	
	Fee	Date / /
	Scheduled category	File no.
Receipt no.	Access no.	