

For prompt assessment ensure all required attachments are submitted with this application form

### APPLICANT DETAILS

Mobile Food Vendor Business Name:		
Permit Holder:		ABN:
Mobile Phone:		Email Address:
Garaged Mobile Food Vehicle Address:		
Vehicle Type (make and model):		Vehicle Registration:
Food Business Notification Number:		

I hereby make application to the City of Onkaparinga for mobile food vending to sell food and non-alcoholic beverage items to the public at any of the 29 pre-approved trial sites on the [Mobile Food Vendor Map](#) on a 'first in' basis. I/we would like to apply as:

<input type="checkbox"/> A current Mobile Food Vendor	<input type="checkbox"/> A new Mobile Food Vendor applying for the first time	<input type="checkbox"/> A fixed food business from the City of Onkaparinga
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- I have not had my Mobile Food Vending Permit cancelled by the City of Onkaparinga or another Council in the past
- I acknowledge and agree that the [Mobile Food Vendor Map](#) provides site specific rules to observe and obey at all times or fines or other penalties may apply
- I acknowledge and agree that Council's [Mobile Food Vendor Map](#) is a new initiative and contains numerous trading sites

### ATTACH THE FOLLOWING ITEMS: *(Indicate using tick boxes that items are attached)*

- Copy of current Public Risk Insurance to a minimum of twenty million dollars (\$20,000,000.00)
- Image showing your registered mobile food vehicle and proposed set up (chairs/tables/umbrellas etc.)

### PAYMENT DETAIL:

\*\*\* 20% discount applies to a Mobile Food Vendor who is also operating a fixed food business in the Onkaparinga Council Area \*\*\*

### Non-refundable fees calculated per [council's Schedule of Fees and Charges](#):


<input type="checkbox"/> Per Day \$77.00 (GST exempt)	Commencing	to
<input type="checkbox"/> Up to one month \$156.00 (GST exempt)	Commencing	to
<input type="checkbox"/> Annual Permit \$1657.00 (GST exempt)	Commencing	to

Receipt Number:	Amount:	Date of Payment:
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To arrange payment you may visit one of our council offices or call 8384 0666 and ask to speak with front counter staff who can arrange payment, please quote 'PERMFV'. Include your receipt number above as evidence of payment.

### Please submit application:

Click here to submit via email  
[mail@onkaparinga.sa.gov.au](mailto:mail@onkaparinga.sa.gov.au)



**By post to:**  
 Permits and Licences Officers  
 City of Onkaparinga  
 PO Box 1  
 NOARLUNGA CENTRE SA 5168