

To return your completed form or for further information, please contact Council's Regulatory Services Department via email, council@hinchinbrook.qld.gov.au, phone (07) 4776 4600, in person at Council's Main Office, 25 Lannercost Street, INGHAM QLD, or via post PO Box 366, INGHAM QLD 4850.

APPLICANT DETAILS

| | |
|--|--|
| Applicant/Company Name | |
| ACN (if applicable) | |
| Address (Registered Office address if a company) | |
| Phone | |
| Email | |

NAMES OF DIRECTORS/BUSINESS PARTNERS (Please attach a separate sheet if required)

| | |
|-----------------|--|
| Name | |
| Position | |
| Name | |
| Position | |

HOURS OF OPERATION

| | | |
|------------------------|-----------------------------|-----------------------------|
| Monday – Friday | From ____am/pm to ____am/pm | From ____am/pm to ____am/pm |
| Saturday | From ____am/pm to ____am/pm | From ____am/pm to ____am/pm |
| Sunday | From ____am/pm to ____am/pm | From ____am/pm to ____am/pm |
| Other: | | |

BUSINESS DETAILS

| | |
|---|--|
| Business Name (Must be registered with the Australian Securities and Investment Commission) | |
| ABN | |
| Street Address (Garage address if a mobile food van) | |
| Postal Address | |
| Description of Business (ie. café, restaurant, catering, delicatessen, grocery store, mobile food van etc.) | |



| PRIMARY CONTACT DETAILS (if different from the Applicant) | |
|---|--|
| Name | |
| Address | |
| Phone | |
| Email | |

Please complete the section below which is relevant to your Prescribed Activity.

| MARINE | | |
|---|---|--|
| MARINE FACILITIES | Proposed Location: <input type="checkbox"/> Dungeness Commercial Wharf <input type="checkbox"/> Dungeness Boat Ramp Launching Facility (Council Owned Floating Walkway) <input type="checkbox"/> Dungeness Fishing Jetty <input type="checkbox"/> Yanks Jetty | |
| | Date of Operation: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table> | |
| | | |
| | Hours of Operation: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table> | |
| | | |
| Provide details of proposed activity: <table border="1" style="width: 100%;"> <tr> <td></td> </tr> </table> | | |
| | | |

| FOOTPATH DINING | | | |
|-----------------------|--|----------------------------|--|
| Number of tables | | Number of chairs per table | |
| Construction material | | | |

Note: A waste receptacle must be provided close to the tables for use by customers.

| GOODS ON FOOTPATH | |
|----------------------|--|
| Description of goods | |
| | |
| | |

| ROADSIDE VENDING | |
|--|--|
| Stationary Roadside Vending <input type="checkbox"/> | Mobile Roadside Vending <input type="checkbox"/> |
| Goods to be sold | |
| Location of operation | |
| Times of operation | (Must be between 8.00am and 6.00pm) |



| | | | |
|--------------------------------------|--|---------------------|--|
| Vehicle make and model | | Registration number | |
| Mobile Roadside Vending only: | | | |
| Will signage be used | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Number of signs | (Maximum 3) | | |
| Size of signs | (Maximum 1.2 x 0.9 metres) | | |

Note: Signage must:

- be placed no closer than 10 metres from the edge of a bitumen road;
- be secured to prevent it from being blown away or falling over; and
- be indicated on the plan submitted with this *Prescribed Activity Application Form*.

The following sections must be answered by all Applicants.

| WASTE RECEPTACLES | |
|-----------------------------|---------------------------|
| Number of waste receptacles | (please indicate on plan) |

| INSURANCE | |
|--------------------------|------------------------|
| Public liability insurer | |
| Policy value | (Minimum \$20 million) |

Checklist for submission of this *Prescribed Activity Application Form*:

- Properly completed form;
- Site plan identifying:
 - site boundaries;
 - neighbouring land uses;
 - location of signage;
 - location of waste receptacles on plan; and
 - locations of fire hydrants, transformers, mail boxes, bus seats, traffic signal boxes and other obstructions;
- Letter/s of consent from landowners abutting the intended site and any other potentially affected landowner/s;
- Certificate of Currency of Public Liability Insurance to the value of \$20 million; and
- Copies of current registration certificates for the vehicle/s involved in the business.

This application will not be processed unless all attachments accompany the application.

| FURTHER INFORMATION |
|--|
| Council may request a report, study or certification from a suitably qualified person about the undertaking of the prescribed activity generally, or a specific aspect of the prescribed activity, in support of this application. |

INDEMNITY

I/We acknowledge that any approval issued pursuant to this application is subject to the following conditions:

a) An 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 Approval or in the observance, fulfilment, non-observance or non-fulfilment of any condition of the Approval; and

b) The Approval holder shall ensure a Public Liability Insurance Policy taken out, to the minimum value of \$20 million, is kept in force for the whole of the period that the Approval covers, and includes the Hinchinbrook Shire Council and the Department of Transport and Main Roads as interested parties.

I/We agree to abide by the conditions of the Approval as set by Council.

Signature: Date:

OFFICE USE ONLY – CUSTOMER SERVICE TO COMPLETE (Receipting Code 456)

| Fee Paid | | Date | | Receipt No | |
|----------|--|------|--|------------|--|
|----------|--|------|--|------------|--|

Electronic Funds Transfer Form Completed and Attached: ☐ Yes

OFFICE USE ONLY – REGULATORY SERVICES TO COMPLETE

| | | | | |
|----------------|--|------|------------------------------|-----------------------------|
| Plant Number/s | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments | | | | |
| | | | | |
| Authorised by | | | | |
| Signature | | Date | | |

Privacy Notice and Disclaimer

Hinchinbrook Shire Council is collecting your personal information to process your submission as stated in this form. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to a third party unless required by law. You may access this information on the appropriate form obtainable from Council's website at any time.

Signature: Date: