

Mutual Recognition Model Form - Principal Approval

Application for approval under Section 68 Part D, F 7 of the *Local Government Act 1993*. Mobile food vending, busking and outdoor fitness activities on council community land.

Applicant details

Section	Details
Applicant title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs Other:
Applicant name	First name: Surname:
Address	Unit/street No: Street name: Suburb/town: State: Postcode:
Contact Information	Phone: Email:
Business details (if applicable)	Business name: ABN:
Postal address (if different from above)	Unit/street No: Street name: Suburb/town: State: Postcode:

Application details

Section	Details
Activity type (select one)	<input type="checkbox"/> Mobile food vendor <input type="checkbox"/> Busker/street performer <input type="checkbox"/> Outdoor fitness provider
Application type (select one)	<input type="checkbox"/> New application <input type="checkbox"/> Update of current approval <input type="checkbox"/> Renewal of approval

- For renewals and updates of current approvals, complete next section, for new approvals move to applicant declaration

Renewal and update information

Section	Details
Current approval details	Reference No: Issuing Council: Expiry:
Have there been any changes to your business since your last approval? (select all that apply)	<input type="checkbox"/> No changes <input type="checkbox"/> Change to business name or nominated contact person <input type="checkbox"/> Change to products, services or equipment
Details of changes since last approval (if applicable)	

Applicant declaration

Section	Details
Declaration	<input type="checkbox"/> I/we have attached the Operational Plan of Management and supporting documentation as required. <input type="checkbox"/> I/we declare that the information provided in this application and Operational Plan of Management is true and accurate. <input type="checkbox"/> I/we understand that this application is subject to council's assessment and any approval will be subject to local conditions, and I/we agree to comply with local conditions and all relevant legislative requirements associated with this activity. <input type="checkbox"/> I/we agree to immediately notify council of any changes to operational plan of management and/or business details including contact person, business ownership, equipment or products. <input type="checkbox"/> I/we have provided copies of all required additional documentation and understand that failure to provide sufficient information may result in delayed processing, rejection of application and/or additional fees.
Signed and dated	Signature: Date:

Council assessment (office use only)

Section	Details
Operational Plan of Management received (select one)	<input type="checkbox"/> Food related activity: Form 2A Operational Plan of Management – Mobile Food Businesses <input type="checkbox"/> Non-food related activity: Form 2B Operational Plan of Management – Outdoor Fitness and Busking Activities
S68 determination type	<input type="checkbox"/> New Section 68 approval <input type="checkbox"/> Renewal of 68 approval <input type="checkbox"/> Update of business/activity details
S68 activity (select all that apply)	<input type="checkbox"/> Approved D1 – Engage in trade or business <input type="checkbox"/> Approved D2 - Direct or procure a theatrical, musical or other entertainment for the public <input type="checkbox"/> Approved D4 - For fee or reward, play a musical instrument or sing <input type="checkbox"/> Approved D5 - Set up, operate or use a loudspeaker or sound amplifying device <input type="checkbox"/> Approved F7 - Use a standing vehicle or any article for the purpose of selling any article in a public place <input type="checkbox"/> Other/Denied (details to be added below*)
*Additional Information	
Local conditions	<input type="checkbox"/> Attached to email sent to applicant <input type="checkbox"/> Link(s) to policy/controls provided below, and relevant sections indicated Link to Local Approvals Policy (if applicable): Click or tap here to enter text.
Acknowledgment checklist	<input type="checkbox"/> Applicant has been provided outcome of application.
Approval period	Valid From: _____ Valid to: _____
Issuing Council and Officer	Council name: _____ Officer name: _____
Record number	Council reference: _____