

# Gladstone Regional Council

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PO Box 29  
Gladstone QLD 4680

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Website: [www.gladstone.qld.gov.au](http://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 - Transfer Application to Transfer Stationary Vending Approval

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

Transfer Fee: \$ \_\_\_\_\_ Approval Number:: \_\_\_\_\_

### Applicant/s (transferor) 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: \_\_\_\_\_

<b>This must be the REGISTERED name of the business.</b>	<b>Business Site details</b>		
	Trading name		
	Storage address		
<b>Real property description – refer to Rates Notice.</b>	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
<b>Details of Proposed Business Activity:</b>	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		

<b>This is the name and address of the owner/s / business of the premises (if applicable).</b>	<b>Landowner / adjoining business consent</b>			
	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"/> <input type="text"/>	Email	
	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"/>	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"/>		

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

	<b>Current Licensee (Transferee) details</b>			
	By signing this form, you are agreeing that you are no longer responsible for the ownership / operation of the business listed in the transfer application form and agree to relinquish all rights and responsibilities in relation to this business activity to the applicant listed on this transfer application form.			
	Name			
	Position			
	Address			
	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"/> <input type="text"/>	Email	
	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"/>	Signature		
Date:            /            /				

## Lodgement

Please attach the following:

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

**Please note: This application and fee MUST be lodged with your Council and will not be processed if all required information is not attached.**

## Office use only

Fee	Date / /
Scheduled category	File no.
Receipt no.	Access no.