

APPLICATION FOR FOOD VAN/MOBILE VENDOR 23/24

APPLICANT DETAILS

Applicant Name: _____

Applicant Address: _____

Suburb: _____ State: _____ Postcode: _____

Email Address: _____

Name of Contact: _____

Contact Phone(s): _____

Description of proposed event (attach a separate page if more room is required):

Estimated number of people attending: _____

Start Date: ____/____/____ End Date: ____/____/____

Start Time: ____/____/____ End Time: ____/____/____

Please allow time for setting up and packing away of any equipment associated with the event in the timeframes provided above.

PLEASE ATTACH A COPY OF INSURANCE (CERTIFICATE OF CURRENCY) AND A CURRENT MOBILE FOOD LICENCE AND COMPLETE PAGES 2, 3, 4 & 5.

FOR RECURRING OR ROSTERED EVENTS, A ROSTER OR LIST OF DATES MUST BE ATTACHED.

OCCUPATION OF OPEN SPACE IS NOT PERMITTED UNTIL THIS APPLICATION HAS BEEN APPROVED BY COUNCIL FOR RECURRING OR ROSTERED EVENTS, A ROSTER OR LIST OF DATES MUST BE ATTACHED

RETURN COMPLETED FORMS TO:

Planning & Compliance Department
P: (03) 6471 4700
E: wcc@westcoast.tas.gov.au
PO BOX 63 QUEENSTOWN TAS 7467
11 STICHT STREET QUEENSTOWN TAS 7467



EVENT DETAILS

VENDOR APPROVED LOCATIONS

- ☐ Driffield Street Carpark, Queenstown
- ☐ Carpark opposite Post Office, Strahan
- ☐ In front of Howards Park, Zeehan
- ☐ In front of Central Hotel, Zeehan
- ☐ Agnes Street Carpark, Rosebery
- ☐ Farrell Street Carpark, Tullah
- ☐ Other Location approved by Council

1. The **applicant must submit** with their application, a **Risk Management Plan** which is to be approved by Council Management. The Risk Management Plan must outline the risks associated with the applicant's use of Council's open space and how such risks will be addressed. The applicant agrees to comply with all the details of the Risk Management Plan. In the alternative, the applicant confirms to Council's satisfaction participation in a risk management program which addresses the risk associated with the use of Council's facility.

UNDERTAKING

I _____

on behalf of _____ (if organisation involved)
hereby make application for use of Council open space shown above for the dates and times specified and acknowledge having received and read the Food Van/Mobile Vendor Criteria and I and/or members of the above organisation undertake to be bound by them. I and/or members of the above organisation also undertake to make every effort to ensure that all individuals or groups using the open space in association with this application comply with the Food Van/Mobile Vendor Criteria.

SIGNATURE

_____/_____/_____
DATE

RISK MANAGEMENT PLAN

RISK ASSESSMENT DETAILS

Name of person completing Risk Management Plan: _____

Name of people participating in Risk Management: _____

Event Start Date ____/____/____ Event End Date ____/____/____

Duration of exposure (hours, days, weeks, etc.): _____

People likely affected: ☐ Business ☐ Public ☐ Private Residents ☐ Other (list):
(please tick): _____

Number of people affected: _____

RISK MANAGEMENT

Risk Management is an integral part of good management practice. Commitment to Risk Management will assist in keeping risk exposure to a minimum and help reduce injuries and potential loss. The Risk Management process involves identifying potential risks, analyzing their potential damage and treating the risks (taking action). Anyone involved with event or activity planning must be familiar with and grow their competence in the application of the risk management. It should be ensured that the following steps are undertaken for any activity:

1. Complete the Risk Assessment Details form – describing the event, people involved etc.
2. Identify all potential risks/hazards associated with the activity/event (Risk Assessment Form)
3. Assess the likelihood and consequence of each risk using the Risk Calculator table
4. Apply a Risk Score for each risk. This will give you a risk score of Extreme (E), High (H), Moderate (M) or Low (L). Place this score in the column labelled Risk Score (before controls)
5. Determine the best control measures to be implemented to control the hazards/risks using the Hierarchy of Control
6. Assess residual (remaining) risk for each hazard/risk, repeating steps 3-5. Place the new risk score in the Risk Score (after controls) column
7. Allocate a **responsible person** to ensure the control measures are implemented and a proposed date for their completion set.
8. Your application to use a Council facility/open space will not be approved until the completed risk assessment form has been submitted to Council.

When Completing your Risk Assessment Please Consider:

- Is there the possibility of slip, trips or falls?
- Will your event be around water?
- Are there long periods of sun exposure during your event?
- Are there any possible fire hazards involved in your event? e.g. BBQ
- Will there be any possible gas or electrical hazards at your event?
- Will alcohol be provided, sold, or served as a part of your event?
- Will food be provided, sold, or served as a part of your event?
- Will there be a crowd at your event?
- Will there be any hazardous equipment involved in your event?

RISK CALCULATOR

<div>Consequence</div> <div>Likelihood</div>	Insignificant	Minor	Moderate	Major	Catastrophic
	Minimal environmental impact; no impact on event; unnoticed by public; no injuries	minor environmental impact; minimal impact on event; minor negative publicity; first aid treatment	Significant environmental impact; considerable impact on event; negligible level of publicity at local level; may need medical attention	major environmental impact; formal inquiry; disruption to event; widespread adverse publicity; major injury	death or disablement; extensive environmental impact; potential litigation; event cancelled; extreme negative publicity
Almost Certain: more than 95% probability	H	H	E	E	E
Likely: more than 50% probability, could easily happen	M	H	H	E	E
Possible: more than 10% probability, could happen, has occurred before	L	M	H	E	E
Unlikely: more than 1% probability or has not happened but could occur	L	L	M	H	E
Rare: less than 1% probability, conceivable but only in extreme circumstances	L	L	M	H	E

RISK SCORE LEDGEND		HIERARCHY OF CONTROL	
E	Immediate action required	Elimination	Eliminate the hazard/risk or discontinue the process
H	Senior management notified; prioritized action required	Substitution	Replace the process, material etc with safer/lower risk option
M	Planned action required	Isolation	Isolate the person(s) from the process, material etc
L	Low risk managed by routine procedures	Engineering	Design/re-design the process, material etc
		Administrative	Limit exposure to risk/hazard by, procedure, training etc
		PPE	Use of equipment that protects the user.

RISK ASSESSMENT FORM

Description of each Hazard/Risk involved with the event (in sequential order where possible; what can happen; how it can happen)	Risk Score before controls	Control Measure/Corrective Hazard	Risk Score after controls	Responsible Person

RISK ASSESSMENT'S ARE MANDATORY AND MUST BE COMPLETED BEFORE SUBMITTING YOUR FINAL APPLICATION TO COUNCIL.

APPLICATION ASSESSMENT (OFFICE USE ONLY)		
REQUIREMENTS	SUPPORTING DOCUMENTS	COUNCIL APPROVAL
Is the open space available? Yes / No		Event entered into bookings Calendar <input type="checkbox"/>
Charges in relation to hire	Receipt of payment of fees	Hire Fees \$: _____
	Written request for waiver of fees	
Proof of Insurance	Cert. of Currency Additional insurance if required	Copy of insurance received? <input type="checkbox"/>
Risk Assessment	Risk Assessment	RA completed and approved <input type="checkbox"/>
Place of Assembly Licence required? Yes / No	Copy of Licence	Copy of licence attached <input type="checkbox"/>
Temporary or Food Premises Licence required? Yes / No	Copy of Licence	Copy of licence attached <input type="checkbox"/>
Serving Alcohol	Copy of Permits	Certificate received <input type="checkbox"/>
Selling Alcohol	Copy of RSA certificates	Liquor Licence received? <input type="checkbox"/>
Application form signed by applicant and all documentation received		Application form signed by applicant <input type="checkbox"/>
		Approval covering letter if required <input type="checkbox"/>
		Copy of Application and supporting docs given to applicant <input type="checkbox"/>
		Application and supporting docs scanned and saved on DataWorks, copies to relevant staff if requested <input type="checkbox"/>
		Inspection form completed <input type="checkbox"/>

APPLICATION APPROVAL

Approving Officer Details:

Name: _____

Position: _____

_____ / _____ / _____
SIGNATURE **DATE**

Comments: