

Mobile Food Vendor Permit Application

RECORD OF RESPONSE

Applicant and business details	
Business vendor name	<input type="text"/>
ABN	<input type="text"/>
Applicant name	<input type="text"/>
Contact phone number	<input type="text"/>
Contact email address	<input type="text"/>
Trading details	
Number of employees working in the business	<input type="radio"/> 1
	<input type="radio"/> 2-5
	<input type="radio"/> 6-20
	<input type="radio"/> More than 20
Have you applied for or received a liquor licence?	<input type="radio"/> Yes, applied but <u>haven't</u> received it yet
	<input type="radio"/> Yes, applied and received my liquor licence
	<input type="radio"/> No, but I'm planning on applying for one
	<input type="radio"/> No, I <u>don't</u> need a liquor licence
Type of liquor licence	<input type="radio"/> General
	<input type="radio"/> Club
	<input type="radio"/> On premises
	<input type="radio"/> BYO
Vehicle details	
Garaged location (full street address)	<input type="text"/>
Vehicle type (make and model)	<input type="text"/>
Vehicle registration	<input type="text"/>
Confirmation and attachments	