



## BUSINESS USE OF FOOTPATH Application Form – Permanent Use (fees apply)

The personal information that Council is collecting from you will be managed in accordance with the Privacy and Personal Information Protection Act 1998 (PPIIP Act). Your personal information will only be utilised by Council officers and for the purpose that it was collected. Enquiries may be directed to Council's Public Officer concerning the PPIIP Act and your right of access to your personal information that is held by Council.

### Applicant Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (m): \_\_\_\_\_ Phone (w): \_\_\_\_\_  
Email: \_\_\_\_\_

### Business Details

Registered Company Name: \_\_\_\_\_  
Business Trading Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Business Phone (w): \_\_\_\_\_ Business Fax (w): \_\_\_\_\_  
Business Email: \_\_\_\_\_  
ABN Number: \_\_\_\_\_ ACN Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_

Preferred location to send Business Use of Footpath Correspondence:  Business Email  Business Mailing Address

*Invoices will be made out to the Business Trading Name at the Business Postal Address, unless noted differently below*

Invoice Name: \_\_\_\_\_  
Invoice Address: \_\_\_\_\_

### Preferred Permit Contact Person (who should Council contact in the first instance if there is an issue with your footpath use?)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Proposal**

Location: \_\_\_\_\_

Area Proposed for footpath use: \_\_\_\_\_ (m<sup>2</sup>)

Permit requested for (Please tick)

- Outdoor Display of Goods
- Advertising signs
- Outdoor Dining
- Dining / Liquor Licenced area

Hours of activity: Start time: \_\_\_\_\_ Completion time: \_\_\_\_\_

The following items must be submitted with this application:

- Site plan of the proposed footpath use drawn below (refer to section 6 of the policy)

- A copy of the applicants current drivers licence or proof of identification
- Provided a photograph of proposed furniture
- Payment of application and area fees
- Copy of current Public Liability Insurance (Certificate of Currency) for at least \$20 million, with MWRC noted as Interested Party. Business ABN (or ACN) to be noted on insurance also.

**Applicant Declaration**

- I acknowledge yearly fees will be charged near the anniversary of the permit approval and failure to pay these fees may result in the permit being cancelled.
- I acknowledge the permit cannot be transferred to another user or location, and should the business be sold I am to notify Council and the permit will be cancelled.
- I will comply with all of Council’s requirements and verify that the above information is true and correct.

I am the  Business Owner  Business Manager  Other (please specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_