



## BUSINESS USE OF FOOTPATH Application Form – Temporary Use Only

The personal information that Council is collecting from you will be managed in accordance with the Privacy and Personal Information Protection Act 1998 (PPIP 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 PPIP Act and your right of access to your personal information that is held by Council.

### Applicant Details (the applicant must be the intended user of the permit, unless doing so on behalf of a child under 16 years or business)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (m): \_\_\_\_\_ Phone (w): \_\_\_\_\_  
Email: \_\_\_\_\_  
Child Name (if permit to be used by a child): \_\_\_\_\_  
Child date of birth: \_\_\_\_\_

### Proposal

Location: \_\_\_\_\_  
 Displays and Promotions  Community groups fundraising  
 Busking Area proposed for footpath use: \_\_\_\_\_ (m<sup>2</sup>)  
Date of event : from \_\_\_\_\_ to \_\_\_\_\_  
Hours of activity: Start time: \_\_\_\_\_ Completion time: \_\_\_\_\_

### Business Operators Consent (not required if footpath use is in front of own business – complete Business Details section)

Business Name: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (m) \_\_\_\_\_  
Signature: \_\_\_\_\_

Company seal:

Where owner is a Company or owners corp, a seal/ABN & ACN must be provided

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_

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
- 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.

**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

**Applicant Declaration**

- I will comply with all of Council's requirements and verify that the above information is true and correct.

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