

Balonne Shire Council

118 Victoria Street, St George
PO Box 201,
St George QLD 4487



Telephone 07 4620 8888 Facsimile 07 4620 8889
Email council@balonne.qld.gov.au
Website www.balonne.qld.gov.au

Local Government
Act 1993

Local Law 20
(Commercial Use of
Roads)

Outdoor Dining

Application for an Outdoor Dining Permit

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

- New permit Fee _____
 Renewal of permit Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Indemnity

I / We acknowledge that any permit issued pursuant to this application shall be subject to the following conditions:

- A permit 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 permit 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, fulfilment, non-observance or non-fulfilment of any condition of the permit.
- The permit holder shall ensure a Public Liability Insurance Policy taken out by him / her, to the minimum \$ value required by Council, is kept in force for the whole of the period that the permit covers, and includes the Council as an interested party.

I / We agree to abide by the conditions of the permit as set by Council.

Signature _____ Date / /

Signature _____ Date / /

Select as applicable.	Contact details	
	<input type="checkbox"/> Business	<input type="checkbox"/> Private
	Contact person	
	Postal address	
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.	Business details	
	Business name	BN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Company name	ACN / ARBN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Street address	
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Enter postal address if different from street address.	Postal address	
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____

Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Hours of operation		
	From	<input type="checkbox"/> am <input type="checkbox"/> pm	To <input type="checkbox"/> am <input type="checkbox"/> pm

Existing Outdoor Dining permit no.	Permit no.	Expiry date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Are these premises registered as a takeaway / café / restaurant under the provisions of the <i>Food Regulation 2006</i> ?	
	<input type="checkbox"/> No	An application for registration under the <i>Food Regulation 2006</i> must be lodged in conjunction with this application
	<input type="checkbox"/> Yes	If yes, please provide a copy of same
	Is this outdoor dining area licensed under the provisions of the <i>Liquor Act 1992</i> ?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you applied or are you intending to apply for a liquor licence for the outdoor dining area?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.	Owner/s consent	
	Name	
	Street address	
	Locality / Suburb	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____
I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant making this application.		
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Description of outdoor dining facilities

Area to be used for outdoor dining		m ²	
Proposed no. of chairs			
No.		Materials	
Dimensions	width	height	
Proposed no. of tables			
No.		Materials	
Dimensions	width	height	
Proposed shade structures (if any)			
No.		Materials	
Dimensions	width	height	
Proposed screens / bollards (if any)			
No.		Materials	
Dimensions	width	length	
Proposed landscape planter boxes (if any)			
No.		Materials	
Dimensions	width	height	length
Method of storage / security of tables, chairs etc.			
Is decking proposed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, the area to be used		m ²	
Materials			

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.

Public liability insurance

Name of insurance company	
Name of insured	
Policy no.	Amount of cover \$
Policy expiry date	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Lodgement

Please attach the following:

1. A Site Plan drawn to scale not smaller than one to one hundred (1:100). The scope to extend:
 - from the kerb's edge, the full width of the footpath, to the frontage of the building; and
 - from within 2 metres of one adjoining premises, the full length of the property frontage, to within 2 metres beyond the other adjoining premises.The Site Plan shall show:
 - the boundaries of the site, the outline of buildings, and the use of adjoining buildings;
 - the area (including dimensions) intended to be used for outdoor dining (shown in red) and the location of all proposed outdoor dining facilities;
 - any trees, fire hydrants, transformers, telephone booths, mail boxes, bus seats and shelters, traffic signal boxes, fixed rubbish bins, pillars and posts (supporting signs or other objects) and other obstructions.
2. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.
3. A copy of your registration under the *Food Regulation 2006*.
4. Photographs including:
 - A colour photograph of the site frontage and proposed area to be used for outdoor dining; and
 - A photograph (or brochure) detailing furniture, accessories and fittings intended to be placed on the footpath.
5. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

Please see attached information sheet for important notes relating to this application.

Please note: This application and fee MUST be lodged with your Council.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
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"/>	Account property no.	