



APPLICATION/RENEWAL FOR A FOOTPATH DINING PERMIT

Form EH020

Footpath Dining	<input type="checkbox"/> New Application	Fee \$ _____	Contact Council if you have any 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.
	<input type="checkbox"/> Annual Fee	Fee \$ _____	
	<input type="checkbox"/> Amendment	Fee \$ _____	

APPLICANT DETAILS & DECLARATION If a registered business or company, include ABN, ACN or ARBN, AND name and position of person signing this declaration.	Applicant's name:	
	ABN/ ACN/ARBN (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Address (of Registered Office under the Corporations Act or the <i>Associations Incorporation Act 1981</i> if a company or association):	
	Details of company or association's representative:	
	Title Mr / Mrs / Ms / Miss Other _____	
	Family name	Given names
Position		
I declare the information provided in this application to be true and correct.		
DECLARATION: SIGN HERE ►	Signature	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"/>

PRIMARY CONTACT PERSON	<input type="checkbox"/> Business	<input type="checkbox"/> Private
	Contact person	
	Postal address	
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email

INDEMNITY	I / We acknowledge that any permit issued pursuant to this application shall be subject to the following conditions: a) 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, fulfillment, non-observance or non-fulfillment of any condition of the permit. b) 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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Signature	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"/>
	SIGN HERE ►	

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 Authorised By: Manager Environmental Health Services
 Document Maintained By: Environmental Health Services

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SHIRE COUNCIL

BUSINESS DETAILS If a vehicle advise garage address. Enter postal address if different from street address.	Business name (Must be registered with the Qld Office of Fair Trading)		
	ABN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Street address		
	Locality/Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postal Address		
REAL PROPERTY DESCRIPTION	Lot no.	Reg. plan no.	Parish
	Existing Footpath Dining Permit		
Hours of Operation	Permit No.	Expiry 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"/>	
	Monday - Friday	From ___am/pm to ___am/pm AND from ___am/pm to ___am/pm	
	Saturday	From ___am/pm to ___am/pm AND from ___am/pm to ___am/pm	
	Sunday	From ___am/pm to ___am/pm AND from ___am/pm to ___am/pm	
	Other _____	From ___am/pm to ___am/pm AND from ___am/pm to ___am/pm	
Associated Licences	Are these premises licensed under the <i>Food Act 2006</i> ?		
	<input type="checkbox"/> No, an application for a licence under the <i>Food Act 2006</i> must be lodged in conjunction with this application.	<input type="checkbox"/> Yes, please provide a copy of the licence	
	Is this outdoor dining area licensed under the provisions of the <i>Liquor Act 1992</i> ?		
	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please provide a copy of the licence	
	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		
Owner/s consent 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.	Name		
	Street Address		
	Locality/Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email	
	I, being the owner of the property described in this application, hereby consent to the aforementioned applicant making this application.		
	Signature	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"/>	

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Description of footpath dining facilities	Area to be used for footpath 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	height
	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				
Public liability insurance (You MUST please attach a copy.)	A copy of a Public Liability Insurance Policy, to the minimum value of \$10 million, must accompany this application. The policy shall name the insured as 'the applicant for the Permit and the Council'.			
	Name of insurance company			
	Name of insured			
	Policy No.		Amount of cover \$	
	Policy expiry 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"/>			



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<p>Lodgement</p> <p>(Note: You MUST attach all necessary documentation for your application to be processed.)</p>	<p>Please attach the following:</p> <ol style="list-style-type: none"> A Site Plan drawn to scale not smaller than one to one hundred (1:100). The scope to extend: <ul style="list-style-type: none"> 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. <p>The Site Plan shall show:</p> <ul style="list-style-type: none"> 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 poles, fixed rubbish bins, pillars and posts (supporting signs or other objects) and other obstructions. 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. A copy of your food business licence under the <i>Food Act 2006</i>. Photographs including: <ul style="list-style-type: none"> 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. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, them premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s. <p>Please see attached information sheet for important notes relating to this application.</p> <p>Return forms and all documentation to Environmental Health Services, Hinchinbrook Shire Council, 25 Lannercost Street or PO Box 366, Ingham QLD 4850. This application and fee MUST be lodged with Council.</p>
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Please note: This application MUST be lodged with Council together with the relevant fee.

Office use only

Fee		Registration no.	
Receipt code		ID no.	
Authorized 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.	

PRIVACY CLAUSE

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.

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