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|--|--|--|--|--|----------------------------------|--------------|-----------------------------------|--------------|
| <i>Food Act 2006 Sidewalk Seating Area Policy</i> | Application is for <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> New permit</td> <td>Fee \$ _____</td> <td rowspan="3" style="vertical-align: top;"> 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. Note: If transferring this Outdoor Dining Permit the License for Food Sales, Premises, Place or Vehicle must be reissued. In the name of _____ </td> </tr> <tr> <td><input type="checkbox"/> Renewal</td> <td>Fee \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Transfer</td> <td>Fee \$ _____</td> </tr> </table> | <input type="checkbox"/> New permit | 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. Note: If transferring this Outdoor Dining Permit the License for Food Sales, Premises, Place or Vehicle must be reissued. In the name of _____ | <input type="checkbox"/> Renewal | Fee \$ _____ | <input type="checkbox"/> Transfer | Fee \$ _____ |
| | <input type="checkbox"/> New permit | 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. Note: If transferring this Outdoor Dining Permit the License for Food Sales, Premises, Place or Vehicle must be reissued. In the name of _____ | | | | | |
| | <input type="checkbox"/> Renewal | Fee \$ _____ | | | | | | |
| <input type="checkbox"/> Transfer | Fee \$ _____ | | | | | | | |
| If applicant is a company, insert company name and ACN / ARBN | | | | | | | | |
| Applicant/s details | | | | | | | | |
| Company name _____ | | ACN / ARBN _____ | | | | | | |
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <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"/> | | | | | | | | |
| Family name _____ | | | | | | | | |
| Given names _____ | | | | | | | | |
| Position _____ | | | | | | | | |
| I declare the information provided in this application to be true and correct. | | | | | | | | |
| Signature _____ | | | | | | | | |
| Company name _____ | | ACN / ARBN _____ | | | | | | |
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other (specify) <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"/> | | | | | | | | |
| Family name _____ | | | | | | | | |
| Given names _____ | | | | | | | | |
| Position _____ | | | | | | | | |
| I declare the information provided in this application to be true and correct. | | | | | | | | |
| Signature _____ | | | | | | | | |
| 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="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| 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"/> | | | | | | | |

Electronic version current. Uncontrolled Copy current only at time of printing

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|---|--|---|
| Select as Applicable | Contact details | |
| | <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"/> <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"/> <input type="text"/> <input type="text"/> | Email | |

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| 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Company name | ACN / ARBN |
| | 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 | |
| | | |
| | 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"/> |
| | If a vehicle or stall advise exact location | 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"/> |
| Enter postal address if different from street address. | Contact person | |
| | Contact ph. <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> | Email |
| Real property description – refer to Rates Notice. | Lot no. | Reg. plan no. |
| | Parish | |
| | Hours of operation | |
| Existing Outdoor Dining Permit No. | From <input type="text"/> am <input type="text"/> pm | To <input type="text"/> am <input type="text"/> pm |
| | 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"/> |
| | Are these premises licensed under the Food Act 2006? | |
| <input type="checkbox"/> No An application fro a License under the Food Act 2006 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 license for the outdoor dining area? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

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| 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="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"/> <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"/> <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 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 | 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 | | | |
| 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'. | | | |
| Name of insurance company | | | |
| Name of insured | | | |
| Policy No. | Amount of cover \$ | | |
| Policy expiry date | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 poles, 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 licence under the Food Act 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.
6. Please see attached information sheet for important notes relating to this application.
7. Please return forms 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.

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

Office use only

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| 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. | |