

Please provide all the details required. Incomplete or illegible information may lead to delays, rejection or refusal of your proposal. Fees must be paid at time of lodgement.

Office use only Application number Date receipted Licence number Fee paid Receipt No. PP/B Ledger: AP FOOTPATH USEAGE MISC003-5

Footpath Dining and Storage

location of pre	mises		der Local Government Act 1993 pads Act 1993
Street No.	Street nam	ne	
Township			Postcode
description of	business		·
Company name			Australian Company No. (ACN)
Trading name			
Type of business			
proposed activ	ity		
The space will be used	for: Footpa	ath storage / c	display of goods
•	☐ Footp:	ath restaurant	: / dinina
Total seating capacity:			seats inside and on footpath)
Note: Up to 20 total s		•	scats inside and on lootpatin
•			equired (other than staff toilets)
Weekdays of operation		Hours of ope	eration
Service of alcohol: In	alcohol free zon	es the consu	mption of alcohol is not permitted
			e zones may be obtained from
Council.			
public liability	insurance		
Insurance company na	me		Policy number
Name of insured perso	n, company or bu	usiness	
Amount of insurance co	over	Policy expiry	/ date
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A copy of the public lia	Sinty certificate o	i currency and	d indemnity form is to be

A copy of the public liability certificate of currency and indemnity form is to be submitted to Council with your application. The policy must be a minimum of \$10 million and Council must be noted on the policy as an Interested Party.

When businesses are located on a classified road, the policy must list Council and Roads and Maritime Services as an Interested Party and be of a minimum value of \$20 million.

further information

Blue Mountains City Council
KATOOMBA: 2-6 Civic Place
SPRINGWOOD:104 Macquarie Rd
ADDRESS:

Locked Bag 1005 Katoomba 2780

TELEPHONE: (02)4780 5000 FACSIMILE: (02) 4780 5555 EMAIL: council@bmcc.nsw.gov.au WEB ADDRESS: www.bmcc.nsw.gov.au

applicant details	
Name/ Company name	
Postal address	
Township	Postcode
Telephone Email	l address
I declare that I am the registered prop mentation has been provided with this Signature	prietor of the business. All supporting docu- is application Date
hold harmless agreeme	ent
	acility (ies) listed on this application, which
	specific losses arising from the activity list- ins City Council from all liability and costs the activity.
Signature	Date
supporting information	
The following must be submitted with	
Two copies of plans. The plans must be drawn in The following information shades	n ink and to a scale of 1:50.
☐ Business name and add☐ Number and location of☐ Side and front boundary☐ Distance from building to	dress tables/chairs/display goods indicated on plans of the business premises to kerb all other associated streetscape items, ie trees,
	certificate of currency and indemnity form. he policy as an <i>Interested Party</i> .