



APPLICATION FOR APPROVAL TO USE A FOOTWAY FOR OUTDOOR DINING

made under The Roads Act (section 125)

Disclaimer: The information provided by you on this form will be used by City of Parramatta Council or its agents to process this application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access. **Commercial in confidence.**

PART 1 - Business, Property & Applicant Details

Applicant Details	Name:	
	Address:	
	Suburb:	Postcode:
	Phone:	Mobile:
	Fax:	Email:

Company/ Business Details	Company Name:	
	Trading As:	
	ABN:	ACN:
	Business Address:	
	Suburb:	Postcode:
	Phone:	Email:

Proposed Outdoor Dining Area <i>(Specify exact street address and location on footway of Outdoor Dining)</i>	Main Street Address:	
	Secondary/Side Street Address <i>(if applicable)</i>	

Will alcohol be served in the Outdoor Dining Area?	Yes/No
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PART 2 - Checklist (all documents required to be lodged prior to acceptance of the Application)

- Application Lodgement Fee \$125.30 *(GST not applicable)*
- Certificate of Title/Lease/Licence Agreement *(front page only)*
- Details of Furnishings, Windbreaks, Heaters, Planter boxes and Umbrellas *(Photos/images/Dimensions)*
- Driver's Licence / Photo ID
- Outdoor Dining Site Plans - Printed (1 copy)

PART 3- Checklist (all documents required to be lodged on Approval)

- Liquor Licence Approval (if applicable)
- Liquor Licence (Approved Plan of Licenced Area)
- Public Liability Certificate of Currency \$20million (noting City of Parramatta as an interested party and the outdoor dining site address.)



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PART 4- Applicant Declaration

By signing this Application:

- I declare that all the information and material stated in or supplied with this Application is true and correct.
- I have read and understood the Outdoor Dining Policy and attached all supporting documentation indicated above.
- I understand this is an Application requiring Assessment and Approval is not guaranteed.

Print Name*	Applicant's signature*	Date*
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Payments by Credit Card (All information must be completed) :-

Bankcard	MasterCard	Visa	(Please tick the appropriate box)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Credit Card Number:

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Amount: Cardholders Name: Card Expiry Date:

Cardholders Signature: Phone Number:

Applicant's Signature: Date:

OFFICE USE ONLY		Checked by Planner/ODD Officer (Print Name)	Date
Outdoor Dining Number	Receipt Number	Checked By CCC Officer (Print Name)	Date
ODD/ /20			