

Temporary Outdoor Dining

APPLICATION FOR PERMIT

Applicant details

Business name _____

Business address _____

Contact name _____

Preferred contact number _____

Email _____

Postal address _____

Town _____ Postcode _____

Would you prefer to receive all correspondence via email? ☐ Yes ☐ No

Current trading hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Proposed trading hours

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Further information

Proposed patron capacity _____ Will alcohol be served? ☐ Yes ☐ No

Quantity of chairs _____ Quantity of tables _____

Quantity of umbrellas _____

Other equipment _____

Please note that smoking is not permitted in outdoor dining areas

Have you included:

- ☐ Map of proposed extended outdoor trading area
- ☐ Copy of your current Public Liability Insurance Certificate of Currency (\$10 million coverage)

I acknowledge that if lodging this request electronically, Council will accept this Communication as containing my signature for the purposes of the Electronic Transactions (Victoria) Act 2000 (Vic).

Signature of Applicant



Date: _____

Print name

(if lodging electronically type name and signature here)