

# APPLICATION FOR STREET DINING 23/24 SCHEDULE 1, FORM 1

## APPLICANT DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Trading Name: \_\_\_\_\_

Contact Number(s): M: \_\_\_\_\_ W: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Brief Description of Street Furniture Proposed \_\_\_\_\_

No of Chairs \_\_\_\_\_ No of Umbrellas \_\_\_\_\_

No of Tables \_\_\_\_\_ Colour of Umbrellas \_\_\_\_\_

Colours of Chairs & Tables \_\_\_\_\_

## ATTACH

☐ Copy of a Certificate of Currency of Insurance for a minimum sum of \$10 million Public and Product Liability; and

☐ Evidence that the policy covers the proposed street dining area; and

☐ Copy of certificate of registration of the applicant's food business.

Attach plan showing the location of the proposed street dining area, size, number and location of screens, tables and chairs proposed, together with the placement of waste bins.

Outline proposed method for the disposal of waste: \_\_\_\_\_

Other Information \_\_\_\_\_

## RETURN COMPLETED FORMS TO:

Planning & Compliance Department

P: (03) 6471 4700

E: [wcc@westcoast.tas.gov.au](mailto:wcc@westcoast.tas.gov.au)

PO BOX 63 QUEENSTOWN TAS 7467

11 STICHT STREET QUEENSTOWN TAS 7467



12 Months

\$118.40 per table, per year

DECLARATION

I/We \_\_\_\_\_

- 1. Apply for a licence in accordance with the Street Dining By-law; and,
- 2. Confirm that I/we have read the Street Dining By-law; and,
- 3. Agree that I/we will comply with that By-law and the licence if a licence is granted to me/us.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

The Applicant must be the proprietor of the food business and hold a current Certificate of Registration of that business.

Disclaimer

By completing and lodging this form, electronically or by hard copy, you agree to the terms set out in West Coast Council’s Privacy Policy which is available on our website.