

Council Office: 65 Homebush Road, Strathfield NSW 2135

Telephone: 9748 9999 Fax: 9764 1034 Post: PO Box 120, Strathfield NSW 2135 Website: www.strathfield.nsw.gov.au

OFFICE USE ONI				TDOOR DINII	YO F LIV	WIII		
Permit No:			Receipt No:		Property	No:		
			•			INO.		
Fee:			Date:		Paid:			
Approval Duration	on	1 year		3 years □		5 years	s 🗆	
Conditions	Conditions							
			permit for outdoor dini ols and Guidelines f			n completi	ing this application.	
			u will be asked to sig					
1 Applicant name	e, addres	s and co	ontact details					
Full name (no in	itials) or C	Company	/					
Address								
Property Addres	S							
Phone (business	3)		Mobile		Facsim	nile		
	-,							
Contact person							-	
Email address								
2 Business Inforr	mation ar	nd conta	act details					
Business Name								
Business Addres	SS							
Telephone								
			ABN					

3 Privacy Statement

Strathfield Municipal Council (the 'Council') manages privacy and personal information in accordance with relevant legislation and Council's Privacy Management Plan. Information on how Council handles your personal information is explained in Council's Privacy Management Plan. Council collects and stores personal information from this application for outdoor dining purposes. You accept the provision of personal information is voluntary but failing to provide all or part of the sought after information may mean Council may not process your application. Information provided by you may be accessed by government agencies and members of the public in accordance with relevant legislation. Council is to be regarded as the agency that holds the information. Under the *Privacy and Personal Information Protection Act 1998* and the *Government Information (Public Access) Act 2009* you can apply to access records of personal information Council holds about you, and then apply to amend or correct personal information. You can access your personal information by writing to Council's Privacy Contact Officer at PO Box 120, Strathfield NSW 2135. You can view Council's Privacy Management Plan by visiting www.strathfield.nsw.gov.au/page/council/privacy-management/

4	Details of Permit Request (please provide details of type of outdoor dining proposed)							
а	Size of area:							
	Length (m²): Width (m²): Total (m²):							
b	Seats and tables:							
	Seats inside: Seats outside: Tables inside: Tables outsi	de:						
С	Accurate location sketch and photographs (please attach to this application)							
d	Details of any prior consent							
е	Proposed commencement date of agreement:							
5	Checklist							
	Please tick the appropriate response	Yes	No	N/A				
1.	Do you have development consent for operation of a restaurant that the outdoor dining area will adjoin?	\bigcirc	\circ	\circ				
	If yes please provide development application number:							
2.	Have you read and understood Council's 'Control and Guidelines for Outdoor Dining Areas'	\bigcirc	\circ	\bigcirc				
3.	Have you discussed the proposal with Council staff?	\bigcirc	\bigcirc	\bigcirc				
4.	Have you provided fully dimensional site plans, drawn to a scale of 1:100 showing a floor plan of all tables, chairs, equipment and fittings to be placed on Council's footpath in conjunction with the proposed outdoor dining area (as outlined in Council's Control and Guideline for outdoor dining)?	0	0	0				
5.	Have you attached a statement which includes: • The hours of operation;	\circ	\circ	\circ				
	 Whether the premises is licensed to serve alcohol and whether it is proposed to be served within the outdoor dining area; and 							
	Details of the colour, type and material of proposed furniture items.							
6.	Is amplified music or entertainment detailed in the application? If yes, add details:	\bigcirc	\bigcirc	\bigcirc				
		_						
7.	In the case of an open shop front, have you demonstrated how can be provided to the premises?		\bigcirc	\bigcirc				
8.	Have you kept a copy of the application form?	\bigcirc	\bigcirc	\bigcirc				
6	Applicant Sign-off							
	I have read and understood the application and operation conditions for this permit and agree to comply	y with th	ese for	the				
	duration of the permit.							
	I acknowledge that I am required to pay my rent in advance.							
	I acknowledge that the approval for outdoor dining area will automatically lapse if I fail to meet any of my obligations.							
	Signature Date							

INDEMNITY & INSURANCE DECLARATION

This indemnity form must be completed a	and signed before a permit o	can be issu	ıed.	
Name of applicant				
(referred to hereafter as the Permit Holder harmless, and releases and indemnifies a actions, suits, claims, demands, costs, chemay be held liable in respect of any loss, sustained or occasioned and whether to to in this Application and any work connection any negligent act, default or omission	and keeps released and ind narges and expenses for wh damage, accident or injury property or persons in conn octed therewith pursuant to t	emnified the counce of whatsoe ection with his permit	ne Council from il, its servants ever nature o the use of th but excluding	om and against all s, agents or employees or kind and however ne public area referred g such liability arising
Business name and address				
INSURANCE DETAILS				
Permits will not be issued unless you have Council noted as an interested party. Please complete this form giving details of the IHEREBY DECLARE that the Permit Ho	of your public liability insural	nce cover. lity to the p	oublic in respe	ect of personal injury
and property damage for a limit of indem	•	`		•
Name of insurance company				
Public liability				
Period of insurance (date)				
Limit of indemnity				
Declarant(Please print full n	ame)			
Signature				
Date		·		
Note: Council will charge an annumaterial on Council footpath Charges, which will be used comply with all of the conditi	ns. For this purpose, Counc d to calculate the charge a	il has ado _l pplicable a	pted a list of ccording to	Annual Fees and the m ² . Failure to
COUNCIL USE ONLY				
Has all information to this application bee	en provided?	Yes	No	
Application Fee paid?		Yes	No	
Ready for lodgement		Yes	No	
Is there any additional information is requ	uired?			
Signed:	Date:			
Print name:				