Application for Renewal of Approval to Use SMRC Footways for Commercial/Non Commercial Purposes

250.2018.470.1

Issue Date: 17/08/2018



Name of Applicant								
Name of Business/Organisation								
ABN								
Address								
Telephone		Mobile				Fax		
Email								
Site Plan attached m ²	Yes □ No □	Yes □ No □ Site plan must be attached						
Please note:	An invoice will be forwarded for payment once all documentation has been approved.							
Details of Utilisation of Fo	ootways							
Outdoor Dining on a Publ Footway				Purpose			Period of Utilisation	
(Roads Act Section125)	(Local Government Act Section 68) (Roads Act Section 125)			(Please tick appropriate box)			(Please tick appropriate box)	
☐ Tables & Chairs	☐ Goods Dis	splay		☐ Commercial			☐ Annual	
☐ Sign/Sandwich Board	☐ Street Sta	☐ Street Stall		☐ Non-Commercial		ial	☐ Daily	
☐ Barriers	☐ Sign/Sand	☐ Sign/Sandwich Board					☐ Fixed Structure	
☐ Flags etc	☐ Flags etc.	☐ Flags etc.						
☐ Other	☐ Other	er						
Dimensions (area of footpath the boundary of the premises):	Width (m): [document	: field2	Length (m): [doc			ment field3]		
Location								
Please attach a sketch plan with the area	Please attach a sketch plan with adequate measurement to indicate distances from the kerb and gutter and lateral measurement showing the length of the area							
Details of Public Liability Insurance (PLI) (A Certificate of Currency for PLI must be attached to the application)								
Company								
Limit of Public Liability In	surance (Must be no	ot less than \$20(twenty)	millio	n) \$				
Policy Number	Expiry Date : / /							
Note: The applicant's PLI shall name Snowy Monaro Regional Council as an interested party in respect of activities relating to the use of footways by the applicant.								
Details of Workers Comp	ensation Insuranc	ce (WC)						
(Provide a Certificate of Currence	y which shows the bus	siness owner's workers co	omper	nsation policy is	up to d	late and cov	ers the extended area)	
Company								
Policy Number			Ex	xpiry Date :		/ /		
A Provide Name	Ci		\perp			Dat		
Applicant's Name	nt's Name Signature			Date				

Revision Date: 17/08/2021

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Office Use Only

Payment

Date	
Receipt No	
Amount Paid	