

## OUTDOOR DINING APPLICATION FORM

395 Fitzgerald Street PO Box 613 NORTHAM WA 6401 **P: (08)** 9622 6100

F: (08) 9622 6100 F: (08) 9622 1910

E: records@northam.wa.gov.au
W: www.northam.wa.gov.au

This application is for Outdoor Dining under the Shire of Northam Activities on Thoroughfares and Public Places and Trading Local Law.

| Applicant                                     |                                 |  |  |
|---|---------------------------------|--|--|
| Name:   |                                 |  |  |
| Property Address:                             |                                 |  |  |
| Postal Address:                               |                                 |  |  |
| Tel:  | Email / Fax:                    |  |  |
| <b>Property Owner</b><br>Specify N/A if own   | ner and applicant are the same. |  |  |
| Name:   |                                 |  |  |
| Signature:                                    | Date:                           |  |  |
| Postal Address:                               |                                 |  |  |
| Tel:  | Email / Fax:                    |  |  |
| Type of Tables and Chairs or other equipment: |                                 |  |  |
| Tables No:                                    | Chairs:                         |  |  |

Please tick the boxes to indicate that your application is complete with the below indicated information.

- □ Copy of planning approval for Outdoor Dining as required under the Shire of Northam's Planning Policy.
- Copy of indemnity insurance for outdoor dining equipment to be located on Local Government Land.
- □ Site plan attached demonstrating location and number of all outdoor dining equipment. Plan should show setbacks in metres of outdoor area to verge or public thoroughfares.



## **OUTDOOR DINING APPLICATION FORM**

395 Fitzgerald Street PO Box 613 NORTHAM WA 6401 **P**: **(08)** 9622 6100

**F**: **(08)** 9622 1910 E: records@northam.wa.gov.au W: www.northam.wa.gov.au

## Applicant Take Note:

| I hereby certify that I will comply with the provisions of the Shire of Northam's Activities on Thoroughfares and Public |
|--|
| Places and Trading Local Law as amended from time to time.   |
|  |

| I hereby certify that I will comply<br>Places and Trading Local Law as   | with the provisions of the Shire of Northam's Activities on Thoroughfares and Public<br>amended from time to time. |
|--|--|
| Applicant Name:  |  |
| Signature:   | Date:  |
|  | · ·  |
| Annual Fee \$1.0   |  |
| GL: 07143003   |  |
| PAY IN PERSON  At Shire of Northam Council Office, 395 Fitzgerald Street, Northam during hours 8:30am o 4:30pm Monday to Friday.   | PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD  Name as shown on Card  Card Holder Address  Signature       |
| PAY BY MAIL or EMAIL  Send completed form ogether with your cheque or money order; or if paying by credit card complete the section provided on the right and send to Shire of Northam, PO Box 613, Northam, WA 6401 or email to ecords@northam.wa.gov.au. | Bankcard Mastercard Visa Card  Amount \$ Expiry Date/  |