



Shire Of Esperance

APPLICATION FOR A PERMIT FOR OUTDOOR EATING FACILITY IN A PUBLIC PLACE

Proprietor Name:		
Postal Address:		
Phone:	A/H:	Fax:
Email:		
Primary language spoken:		Number of equivalent full time staff:

Premises details

Trading Name:
Address of Premises:
Description of stand, table, structure or vehicle proposed to be used by the applicant
Dimensions of alfresco area: No. Of tables No of seats
Total amenities provided: Male Toilets _____ Female Toilets _____ Male Urinal _____ Female Hand basins _____ Male Hand basins _____
Proposed days of operation
Proposed hours of operation
Period for which the Permit is sought



BASIC CHECKLIST		
Site plan of the premises, which indicates the precise location of the alfresco/outdoor dining area, footpaths, roads and buildings (including bus bays). Site plan attached:	<input type="checkbox"/>	<input type="checkbox"/>
Description of proposed dining area and materials to be used ie. raised alfresco dining, planter boxes, bollards, umbrellas (enclose a sketch or photograph)	<input type="checkbox"/>	<input type="checkbox"/>
Public Risk Insurance attached	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

RCPT CODE	ACCOUNT NUMBER	DETAILS	AMT
		Application Fee	\$ 110.00
		Alfresco Dining Area Rate \$64.00/m ²	\$
TOTAL			

Declaration:

I, the person making this application declare that:

- the information contained in this application is true and correct in every particular
- the prescribed fee is enclosed with this application.

Signature of applicant: _____

In the case of a company, the signing officer must state position in the company

Date: _____

OFFICE USE ONLY

Date Rcd	Assessment No
Application No	TRIM Ref