APPLICATION FOR AN OUTDOOR EATING AREA PERMIT



To: Chief Executive Officer City of Rockingham, PO Box 2142, ROCKINGHAM DC WA 6967

Application for an **Outdoor Eating Area Permit** under the City of Rockingham's Public Places and Local Government Property Local Law 2018.

ABN			
Add	ress of Premises:	Shop/Unit:	Street Address:
		Suburb:	Post Code:
Pref	erred Mailing Addre	ess:	
Pho Ema	ne:		Fax:
2.	PROPRIETOR D	DETAILS - (Propri	ietor is - person who conducts or is in charge of Food Business)
	e: First Na tal Address:	ame (s)	Surname
ABN	l or Date of Birth:		
Pho	ne:		Fax:
Ema	all:		Primary Language spoken:
3. Pro _l	DETAILS OF Ploosed <u>days</u> of opera	ROPOSED TRA	DING:-
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Doc. No. D09/29945