

APPLICATION FOR TRANSFER OF AN OUTDOOR EATING AREA LICENCE



HEALTH POLICY NO. 6.6

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

1. FOOD BUSINESS DETAILS:- (complete **all** details in **BLOCK** letters please)

Trading Name: _____		
ABN: _____		
Address of Premises: _____	Shop/Unit: _____	Street Address: _____
	Suburb: _____	Post Code: _____
Preferred Mailing Address: _____		
Phone: _____	Mob: _____	Fax: _____
Email: _____		

2. PROPRIETOR DETAILS - (Proprietor - person who conducts or is in charge of Food Business)

Title: _____	First Name (s) _____	Surname _____
Postal Address: _____		
ABN or Date of Birth: _____		
Phone: _____	Mob: _____	Fax: _____
Email: _____	Primary Language spoken: _____	

3. REGISTRATION PREVIOUSLY ISSUED TO -

Proprietor Name: _____

Business Name: _____

New Business Name: (if name is **changing**) _____

Does this premises currently have outdoor dining on **Council Land**? Yes / No

Attached is -

1. Details of arrangements made in respect of **Public Liability Insurance** with Indemnity provision in the joint names of the Applicant and the City of Rockingham.
2. **Two copies** of a **plan** of the Outdoor Eating Area at a scale of 1:50 depicting the following:-
 - The location and dimensions of the area to be used for outdoor dining;
 - The position of all tables, chairs, other structures proposed to be provided;
 - Specification of any structure, which is proposed to be left within the Outdoor Eating Area at all times;
 - Description of the type and make of all tables, chairs and all other structures proposed to be provided in the Outdoor Eating Area.

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Signature of Applicant

Date:

TRANSFER FEE

Outdoor Eating Area = \$38.00

Payment (payable to City of Rockingham) to be included
with this Application for Transfer.