

# Activities in Public Places

Under Roads Act 1993

## location of premises

Street N<sup>o</sup>.

Street name

Township

Postcode

## description of business

Company name

Australian Company No. (ACN)

Trading name

Type of business

## proposed activity

The space will be used for:

- Footpath restaurant / dining
- Footpath storage / display of goods
- Other (please specify)

Weekdays of operation

Hours of operation

Will liquor be served?

Yes

No

## public liability insurance

Insurance company name

Policy number

Name of insured person, company or business

Amount of insurance cover

Policy expiry date

## Instructions upon determination

- Post to applicant     Email
- Hold for collection from Council's office at     Katoomba     Springwood

## further information

**Blue Mountains City Council**  
 KATOOMBA: 2-6 Civic Place  
 SPRINGWOOD: 104 Macquarie Rd  
 TELEPHONE: (02)4780 5000  
 FACSIMILE: (02) 4780 5555  
 ADDRESS: Locked Bag 1005 Katoomba 2780  
 DX 8305 Katoomba  
 WEB ADDRESS: www.bmcc.nsw.gov.au

### OFFICE USE ONLY

Fee paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

PP/B \_\_\_\_\_

Date received \_\_\_\_\_ Received by \_\_\_\_\_

Ledger: AP

Please provide all the details required. Incomplete or illegible information may lead to delays, rejection or refusal of your proposal. Fees must be paid at time of lodgement.

A copy of the public liability certificate of currency and indemnity form is to be submitted to Council with your application. Council must be noted on the policy as an *Interested Party*.

### Office use only

Application number

Date received

Licence number

ACTIVITIES IN  
PUBLIC PLACES

## applicant details

Name/ Company name

Postal address

Township

Postcode

Telephone

Email address

*I declare that I am the registered proprietor of the business. All supporting documentation has been provided with this application*

Signature

Date

## hold harmless agreement

In consideration for the use of the facility (ies) listed on this application, which are owned or controlled by Blue Mountains City Council, I /we agree to hold Blue Mountains City Council harmless for any damages, acts or incidents that occur as a result of the facility(ies) used by me/us.

Further, I/we assume all liability for specific losses arising from the activity listed above and release Blue Mountains City Council from all liability and costs incurred arising from or incident to the activity.

Name/ Company name

Signature

Date

## supporting information

*The following must be submitted with your application:*

- Two copies of plans.  
The plans must be drawn in ink and to a scale of 1:50.  
The following information should be shown:
- Business name and address
  - Position of true north
  - Side and front boundary of the business premises
  - Distance from building to kerb
  - Clearance distance to all other associated streetscape items, ie trees, bike racks, road signs, garbage bins, etc.
- Copy of the public liability certificate of currency and indemnity form.  
Council must be noted on the policy as an *Interested Party*.

## payment options

Please attach payment by cheque Amount \$.....

or credit card:- Mastercard ..... Visa .....

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount: \$ ..... Name on card: .....

Expiry date: ...../..... Signature of cardholder: .....

*PLEASE NOTE: a 1% (inc. GST) credit card transaction fee will be applied to all credit card payments*