



Application for Footpath Dining Approval

Mackay Regional Council Local Law No. 1 (Administration) 2011;
Subordinate Local Law No. 1.2 (Commercial Use of Local Government Controlled Areas and Roads) 2011.

Privacy Notice: Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

P: 1300 622 529 | **E:** council@mackay.qld.gov.au | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069
CS Centres: Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

SECTION A – APPLICATION TYPE

NEW APPLICATION

Complete **SECTIONS B, C, E, and G** and provide supporting information.

AMENDMENT (e.g. change to operation)

Complete **SECTIONS B, C, E, and G** and provide supporting information.

TRANSFER

Complete **SECTIONS B, D, E and G.**

SECTION B – APPLICANT DETAILS

Title: Mr Mrs Ms Miss Other:

Family Name: _____ Given Name/s: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

If there is more than one applicant, please fill in the details of the second applicant here.

Title: Mr Mrs Ms Miss Other:

Family Name: _____ Given Name/s: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

SECTION C – BUSINESS DETAILS

Trading Name: _____ ABN: _____

Trading Address: _____

Suburb: _____ Post Code: _____

Real Property Description (Lot/Plan): _____

Business Phone: _____ Business Fax: _____

Postal address where you can receive legal documents.

Postal Address: _____

Suburb: _____ Post Code: _____

Contact person for business if not the applicant and/or if the applicant is a company.

Contact Person: _____ Position: _____

Contact Phone: _____ Email: _____

SECTION D – TRANSFER OF APPROVAL

Current approval holder's full name and signature is required if transferring approval.

- I consent to the transfer of this footpath dining approval _____ to the applicant in this application.

Current Approval Holder:

Signature:

Date:

SECTION E – OPERATION DETAILS

Total area required (e.g. 4m²):

Are the premises intended to be BYO? Yes No

Is liquor intended to be sold / served in this area? Yes No

Proposed days of use:

Proposed times of use per day:

Number of tables:

Number of chairs per table:

SECTION F – ATTACHMENTS

Please provide:

- Proposed plan of the footpath dining area showing:
 - Exact dimensions and distances from any surrounding fixtures and fittings (e.g. gardens, lamp posts, waste receptacles, benches, culverts, etc.);
 - Proposed layout of tables and chairs in relation to the above, and surrounding buildings and the roadway.
- Copy of each policy of insurance of the applicant which relates to the operation of footpath dining.
- Details of waste disposal for waste generated by the activity.

SECTION G – APPLICANT DECLARATION

- I declare the information provided in this application to be true and correct.

Applicant Name:

Signature:

Date:

PAYMENT OPTIONS

For a complete list of fees and charges, please refer to council's [Fees and Charges](#).

CREDIT CARD | We accept Visa or MasterCard. We do not accept American Express.

CHEQUE | Make your cheques payable to Mackay Regional Council.

CASH OR EFTPOS | You can pay at any of Council's Customer Service Centres.

OFFICE USE ONLY

Reference number: LC/H&RS/PP

Date:

Amount:

File number:

Receipt number:

Cashier: