

OUTDOOR DINING APPLICATION FORM

This application is for Outdoor Dining under the Shire of Northam Activities on Thoroughfares and Public Places and Trading Local Law.

Applicant

Name: _____
Property Address: _____
Postal Address: _____
Tel: _____ Email / Fax: _____

Property Owner

Specify N/A if owner and applicant are the same.

Name: _____
Signature: _____ Date: _____
Postal Address: _____
Tel: _____ Email / Fax: _____

Type of Tables and Chairs or other equipment:

Tables No: _____ Chairs: _____

Please tick the boxes to indicate that your application is complete with the below indicated information.

- Copy of planning approval for Outdoor Dining as required under the Shire of Northam's Planning Policy.
- Copy of indemnity insurance for outdoor dining equipment to be located on Local Government Land.
- Site plan attached demonstrating location and number of all outdoor dining equipment. Plan should show setbacks in metres of outdoor area to verge or public thoroughfares.



OUTDOOR DINING APPLICATION FORM

395 Fitzgerald Street
PO Box 613
NORTHAM WA 6401
P: (08) 9622 6100
F: (08) 9622 1910
E: records@northam.wa.gov.au
W: www.northam.wa.gov.au

Applicant Take Note:

I hereby certify that I will comply with the provisions of the Shire of Northam's Activities on Thoroughfares and Public Places and Trading Local Law as amended from time to time.

Applicant Name: _____

Signature: _____ Date: _____

Further information on the Shire of Northam's Activities on Thoroughfares and Public Places and Trading Local Law can be obtained from the Shire of Northam on 9622 6100.

Lodgement and Payment of Application Fees and Charges 2021/2022

Annual Fee
\$1.00

PAY IN PERSON

At Shire of Northam Council Office, 395 Fitzgerald Street, Northam during hours 8:30am to 4:30pm Monday to Friday.

PAY BY MAIL or EMAIL

Send completed form together with your cheque or money order; or if paying by credit card complete the section provided on the right and send to Shire of Northam, PO Box 613, Northam, WA 6401 or email to records@northam.wa.gov.au

PLEASE COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Name as shown on Card

Card Holder Address

.....Signature

<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Card
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Amount \$ _____

Expiry Date ____/____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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