



HIGHWAYS ACT 1980 - SECTION 115

APPLICATION FOR STREET FURNITURE LICENCE

APPLICANT:

SURNAME:	
CHRISTIAN NAME(S) in full:	
PERMANENT ADDRESS:	
COUNTY:	POST CODE
TELEPHONE NO:	Code ()
DATE OF BIRTH:	

TRADING DETAILS:

NAME OF BUSINESS:	
ADDRESS:	
COUNTY:	POST CODE
TELEPHONE NO:	Code ()

LICENCE REQUIRED:

PERIOD FROM TO (MONTHS)	
DAYS:	
BETWEEN THE TIMES:	AND
NO. OF TABLES:	
NO. OF CHAIRS:	
BRIEF DESCRIPTION OF TYPE AND QUALITY OF TABLES AND CHAIRS:	

HAVE YOU EVER BEEN REFUSED A STREET FURNITURE LICENCE IN THIS OR ANY OTHER AREAS?

YES / NO

IF YES, PLEASE GIVE DETAILS

HAVE YOU SOUGHT THE ADVICE OF THE CHIEF ENVIRONMENTAL HEALTH OFFICER IN RESPECT OF FOOD HYGIENE AND HEALTH AND SAFETY MATTERS?

YES / NO

ENCLOSED:

Plan showing dimensions of area of highway and proposed layout of street furniture

Requisition for Information Form, duly completed.

* I DECLARE:

- (1) THAT I HAVE CHECKED THE INFORMATION GIVEN ON THIS APPLICATION FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS CORRECT.
- (2) THAT I WILL MEET THE COUNCIL'S ACTUAL ADMIN COSTS FOR LICENCE AND FEE FOR PUBLIC NOTICE IN LOCAL PAPER.

Signed:

Date: _____

NOTE:

* If any person makes a false statement or omits any material particular in giving the foregoing information knowingly he may be guilty of an offence and liable to prosecution. In addition the licence may be revoked forthwith.

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REQUISITION FOR INFORMATION

APPLICATION TO SITE TABLES AND CHAIRS FRONTING

Information Required:

1. **Address of Property:**

2. **Name and address of occupier of above address (in full):**

Post Code:

3. **Is occupier the freeholder:** YES / NO

4. **If no, state name and address of freeholder (in full):**

Post Code:

5. **Does any other person have an interest in the property:** YES / NO

(a) **State full name and address:**

Post Code:

(b) **State nature of such interest:**

Attestation:

I declare that I have checked the information given above and to the best of my knowledge and belief it is correct.

Signed:

(state name and position in block capitals)

Address:

Post Code:

Telephone No:

Date: