**Business and Planning Act 2020**

APPLICATION FOR A PAVEMENT LICENCE

**Please complete all relevant sections of this form**

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| **SECTION 1 – APPLICANT** |
| Premises Name |  |
| Premises Address |  |
| Premises licence no:(If applicable) |  |
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| If the applicant is an individual/sole trader, please complete section **1A** |
| If the applicant is a partnership, please complete sections **1B**  |
| If the applicant is a limited company or other organisation, please complete sections **1C**  |

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| **1A – INDIVIDUAL APPLICANT** |
| Mr/Mrs/Miss/Ms/other   | Surname: |
| First Name(s): |
| Full Home Address: |  |
| Personal Telephone Number: |
| Email Address: |
| Date of Birth: |  |

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| **1B – PARTNERSHIP  *provide details of all partners (continue on separate sheet if necessary)*** |
| **Partner** |
| Mr/Mrs/Miss/Ms/other  |  Surname:  |
| First Name(s): |
| Full Home Address: |  |
| Personal Telephone Number: |
| Email Address: |
| Date of Birth: |  |
| **Partner** |
| Mr/Mrs/Miss/Ms/other  |  Surname:  |
| First Name(s): |
| Full Home Address: |  |
| Personal Telephone Number: |
| Email Address: |
| Date of Birth: |  |

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| **1C – LIMITED COMPANY/OTHER**  |
| Nature of organisation:  |
| Full name of the organisation:  |
| Company registration number/Registered charity number:  |
| Registered Office address:  |
| Telephone Number:  |
| Email address:  |
| **Director/Trustee/etc.** (please state)  |
| Mr/Mrs/Miss/Ms/other  | Surname: |
| First Name(s):  |
| Full Home Address:  |
| Contact Telephone Number:  |
| Date of Birth:  |

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

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| Online payment authorisation code |  |

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| **SECTION 2 – TRADING** |

Is the premises currently in use as a public house, wine bar or other drinking establishment?

Yes [ ]  No [ ]

Is the premises currently used for the sale of food or drink for consumption on or off the premises?

Yes [ ]  No [ ]

If the answer to both these questions is “No”, please describe how the premises is currently used

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| Please provide a description of the area of the highway to which this application relates and how you intend to use it. Ensure that you provide sufficient detail to enable us to determine your application.**NB** you must also provide a plan clearly showing the proposed area covered by the licence in relation to the highway and the premises, and indicating the placement of furniture (this does not have to be drawn to scale, but must have measurements clearly shown) |
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| --- | --- | --- | --- |
|  | Day | Opening hour | Closing hour |
| Indicate proposed trading days and opening hours | Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday [ ]   |   |   |

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| Please provide a description of all furniture you intend to place on the highway.“Furniture” is defined as: counters or stalls for selling or serving food or drink; tables, counters or shelves on which food or drink can be placed; and umbrellas, barriers, heaters and other articles used in connection with the outdoor consumption of food or drink. |
| **NB** you must also provide photographs or brochure images of the proposed furniture.  |

**Your application will not be processed if you fail to provide all necessary documents, nor will any licence be deemed to be granted.**

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| **SECTION 3 – DECLARATION****Please ensure that all boxes are checked** |
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| **I understand that I am required to give notice of my application in accordance with the requirements of the Business and Planning Act 2020 and that failing to do so will lead to the revocation of any licence granted.** [ ] **I understand I must hold and maintain public liability insurance up to a value of £5million.** [ ] **I understand my application will not be considered complete until all the required documents and information have been provided and the application fee of £100 has been paid.** [ ] **I understand that the application fee paid is non-refundable if my application is refused or if any licence granted is subsequently surrendered or revoked.** [ ] **I undertake to ensure that a manager or other responsible member of staff will complete the ACT eLearning course within 10 days of submitting this application if they have not already done so.** [ ] **I understand that the Council is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud.  I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.** [ ] **I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to revocation.** [ ] **I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent.** [ ]  |
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| **Date of application** |  |

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**Please submit completed forms and supporting documents by e-mail to:** licensing@lbbd.gov.uk