

Footpath Permit Application

Subordinate Local Law No. 1.2 (Commercial Use of Local Government Controlled Areas and Roads) 2018.

Please allow 7 days to process applications.

Applicant's Details:			
Business/Organisation:			
Contact Name:			
Address:			
Suburb:	State:	Postcode:	
Business Phone:	Mobile:		
Email:			
Postal Address (if different):			
Suburb:	State:	Postcode:	
Use of Footpath Details: Proposed use of footpath:			
Date of use:	Hours of use:		
required. Business Name:	business which is sought to occupy a publ	ic space, consent of the owner is	
Proprietor/Director's Name:			
Business Phone:	Mobile:	Mobile:	
Email:			
Postal Address (if different):			
Suburb:	State:	Postcode:	
I/we being the owners of the property making application for a footpath pern	described in this application hereby consonit to trade on footpath.	ent to the above mentioned applicant	

Important: Declaration, Checklist and space for Site Plan to be drawn on next page...

Checklist:	
☐ Detailed site plan to scale	
☐ Copy of Certificate of Currency (Public Liability Insurance) for a mir Balonne Shire Council against any claims and cover the situation occu☐ Complete the Indemnity Form (attached)	`
D 1 "	
Declaration:	
I/we hereby indemnify Balonne Shire Council against all claims made in a policy of Public Liability for which details are provided	in relation to actions in using footpath and have
Full Name of Applicant:	
Signature of Applicant:	Date//
Full Name of Applicant:	
Signature of Applicant:	Date//
Site Plan:	
You can use this page to record your site plan of the proposed activity The type of obstructions that are presently on the footpath outs parking, plants, etc)	side the business (power pole, street bin,
 Details of the footpath area to be used i.e. length width area 	of use: width of the tootpath outside the

Privacy Collection Notice:

business, preferred location of table, chairs etc.

Balonne Shire Council is collecting your name, the name and location of your business in order to assess your application. The information will only be accessed by employees and/or Councillors of Balonne Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission, or we are required or authorised by law to do so.

Office Use Only				
Doc ID:	Fee Paid:	Appl No.		
Receipt No:	Date Received://	Receipting Officer:		

Balonne Shire Council FORM OF INDEMNITY

THIS INDEMNITY is given the	day of	20
Ву		(Name of Guarantor/Applicant)
Hereinafter called "the Indemnifier"		
Of		(Address)
To the BALONNE SHIRE COUNCIL (her	reinafter called "THE CO	UNCIL").
WHEREAS the Indemnifier has applied to public area within the shire under <i>Balonne</i>		•
NOW THIS INDENTURE WITNESS that footpath trading the Indemnifier agrees to public liability insurance policy in a form for a minimum sum of ten million dollars charges, expenses and damages whatse Indemnifier arising out of or in relation to shall also cover such risks and be subject the Council and shall extend to cover the damage arising out of the negligence of the state of th	to take out and keep cur approved by Council in to (or more), the Indemnifitoever which may be brout to the authority granted. ct only to such conditions e Council in respect to co	rent during the period of authority a he name of the indemnifier insuring, for against all actions, costs, claims, aught or made or claimed against the The public liability insurance policy and exclusions as are approved by
The Indemnifier agrees to indemnify an servants and agents and each of them fit and damages whatsoever which may be a out of or in relation to the authority to use acts, errors or omission of the Indemnifier reduced proportionally to the extent that contributed to the loss or liability.	rom and against all actio brought or made or claime granted by the Council a er. The Indemnifier's liab	ns, costs, claims, charges, expenses ed against them or any of them arising and be directly related to the negligent ility to indemnify the Council shall be
SIGNED by		
Name		
Signature		
In Queensland in the presence of: Witness		
Signature		
OR		
THE COMMON SEAL of		was hereunto affixed in
Accordance with its Articles Association	in the presence of	
Director		
Secretary		

Privacy Statement

The personal information collected on this form will be used by Balonne Shire Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law.