

## **Pavement Licence Application Form**

Prior to completing this application, please ensure that you have read and clearly understood the Pavement Licence Guidance

Once your application has been received it will be reviewed by the Licencing Team. If it is accepted a public notice of display will be provided by the Licensing Team and the 14-day consultation period will commence prior to a decision being determined.

New		Re-licence	
Licence number (if	a re-licence)		
Section 1 An	nlicant dotails		
section 1. App	plicant details		
Please select the ty	ype of applicant		
Company or cha	rity applicant deta	Ic	
Company or charit	y name		
Company or charit	y registration number		
Registered address	5		
Contact name			
Telephone number			
Email address			
r			
Individual appli	cant details		
Name			
Telephone number			
Telephone number Email address			
Email address			
Email address			

Is this application being completed by an agent or solicitor?	Yes		No	
If you answered yes to the above, please p	provide the f	following in	nformation:	
Contact name				
Capacity				
Email address				
Telephone number				
Section 2. Premises details				
Trading name				
Trading address				
Trading postcode				
31				
Section 3. Site manager (who	is the co	ntact a	t the pro	emises)
Name				
Telephone number				
Email address				
Castian 4 Campanandana				
Section 4. Correspondence				
Which address should be used for main	Applicant			
correspondence address	Agent or s	olicitor		
	Premises			
		L		
Section 5. Site details and sch	eaule			
Proposed location of furniture (please include street name or names if your premises has a dual aspect)				

Please use the section below to indicate your intended schedule for use of this pavement licence. You will need to complete parts one and two if your premises has a dual aspect and crosses over two different roads, for example, on a corner.

## **Part one**

Day	Start time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number of tables	
Number of chairs	
Details of other furniture (for example, barriers, benches, counters, heaters, planters, shelves, stalls, umbrellas)	
Goods to be sold	
Any further information	

## **Part two**

Day	Start time	End time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number of tables	
Number of chairs	
Details of other furniture (for example, barriers, benches, counters, heaters, planters, shelves, stalls, umbrellas)	
Goods to be sold	
Any further information	

#### Section 6. Supporting documents

Please tick to indicate agreement

I enclose public liability insurance certificate (minimum £5,000,000) to cover requested activities or location	
I enclose a plan showing the area to be covered by the licence which conforms to the <u>Pavement licence guidance</u>	
I enclose a photograph of the area intended to be licenced	
I enclosed photograph(s) or brochure(s) showing examples of all intended furniture	

# Section 7. Statement of application

#### Fraud Act 2006

I hereby declare that I fully understand, have read and checked the details and questions on this application form and the foregoing statements are true:

I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation within this application, or fails to disclose information in order for me to obtain a Pavement Licence.

I am fully aware that the provision of a false statement, or information in order to obtain a licence is an offence under the above act which may result in the refusal of this licence application and any subsequent licence applications.

I am also aware that any licence granted as a result of breaching the above act will be immediately revoked.

I have read the Pavement Licence Policy, and I undertake, in the event of a licence being granted, to observe and comply with its contents and Pavement Licence Conditions.

Signature	
Capacity	

#### **Section 8. Payment**

I confirm I have paid the following fee (please tick as appropriate) by selecting Pavement Licence via West Suffolk - Adelante Smart pay

New £500		Re-licence £350	
Payment reference number			

### **Section 9. Next steps**

Please submit your completed form and supporting documents to <a href="mailto:licensing@westsuffolk.gov.uk">licensing@westsuffolk.gov.uk</a>

Once your application has been received it will be reviewed by the Licencing Team. If it is accepted a public notice of display will be provided and the 14-day consultation period will commence prior to a decision being determined.

West Suffolk Council will capture and store information in this form so that the requested service can be provided. All personal information will be processed, protected, and disposed of in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018 and will only be used to deliver or improve our services. We will not disclose any personal information to any other third parties unless required to do so by law or we have your consent to do so. For more information on how we do this and your rights in regard to your personal information and how to access it, visit our website <a href="How we use your information">How we use your information</a>