

# Goondiwindi Regional Council

LMB 7,  
Inglewood QLD 4387

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Local Government Act  
2009

Local Law No. 1  
(Administration) 2011  
Subordinate Local Law  
1.2  
(Commercial Use of  
Local Government  
Controlled Areas and  
Roads)

## Footpath Dining

### Application for a Footpath Dining Approval

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

#### Application is for

- New approval Fee \_\_\_\_\_  
 Renewal of approval Fee \_\_\_\_\_

#### Applicant/s details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

#### Indemnity

I / We acknowledge that any approval issued pursuant to this application shall be subject to the following conditions:

- An approval holder shall, at all times, hold harmless and keep indemnified the Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the approval holder or agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the approval or in the observance, fulfilment, non-observance or non-fulfilment of any condition of the approval.
- The approval holder shall ensure a Public Liability Insurance Policy taken out by him / her, to the minimum \$ value required by Council, is kept in force for the whole of the period that the approval covers, and includes the Council as an interested party.

I / We agree to abide by the conditions of the approval as set by Council.

Signature \_\_\_\_\_ Date  /  /

Signature \_\_\_\_\_ Date  /  /

|                              |   |   |   |
|------------------------------|---|---|---|
| <b>Select as applicable.</b> | <b>Contact details</b>  |   |   |
|                              | <input type="checkbox"/> Business   | <input type="checkbox"/> Private  |   |
|                              | Contact person  |   |   |
|                              | Postal address  |   |   |
|                              | Locality / Suburb   |   | State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                       |
|                              | Contact ph. <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"/> | Mobile <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"/> | Contact fax <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"/> |
| Email _____                  |   |   |   |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.</b>   | <b>Business details</b>  |  |  |  |
|   | Business name  |  | BN <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"/>         |  |
|   | Company name   |  | ACN / ARBN <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"/> |  |
|   | Street address   |  |  |  |
|   | Locality / Suburb  |  | State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |
|   | Postal address   |  |  |  |
|   | Locality / Suburb  |  | State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |
|   | Contact ph. <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"/>  | Mobile <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"/> | Contact fax <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"/>  |  |
|   | Email _____  |  |  |  |
|   | <b>Enter postal address if different from street address.</b>  | Lot no.  |  |  |
| Reg. plan no.   |  | Parish   |  |  |
| Hours of operation  |  |  |  |  |
| <b>Real property description – refer to Rates Notice.</b>   | From   | <input type="checkbox"/> am <input type="checkbox"/> pm  | To <input type="checkbox"/> am <input type="checkbox"/> pm   |  |
|   | Approval no.   |  | 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"/>  |  |
|   | <p>Are these premises licenced as a takeaway / café / restaurant under the provisions of the <i>Food Act 2006</i>?</p> <p><input type="checkbox"/> No An application for registration under the <i>Food Act 2006</i> must be lodged in conjunction with this application</p> <p><input type="checkbox"/> Yes If yes, please provide a copy of same</p> <p>Is this outdoor dining area licensed under the provisions of the <i>Liquor Act 1992</i>?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Have you applied or are you intending to apply for a liquor licence for the outdoor dining area?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |  |  |  |
| <b>Existing Footpath Dining no.</b>   | <b>Owner/s consent</b>   |  |  |  |
|   | Name   |  |  |  |
|   | Street address   |  |  |  |
|   | Locality / Suburb  |  | State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |
| Contact ph. <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"/> | Mobile <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"/>   | Contact fax <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"/>  |  |  |
| Email _____   |  |  |  |  |
| I, being the owner of the property described in this application, hereby consent to the aforementioned applicant making this application.   |  |  |  |  |
| Signature   |  | 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"/>   |  |  |

## Description of footpath dining facilities

Area to be used for footpath dining m<sup>2</sup>

### Proposed no. of chairs

|   |   |
|---|---|
| No.   | Materials                                 |
| Dimensions <span style="float: right;">width</span> | <span style="float: right;">height</span> |

### Proposed no. of tables

|   |   |
|---|---|
| No.   | Materials                                 |
| Dimensions <span style="float: right;">width</span> | <span style="float: right;">height</span> |

### Proposed shade structures (if any)

|   |   |
|---|---|
| No.   | Materials                                 |
| Dimensions <span style="float: right;">width</span> | <span style="float: right;">height</span> |

### Proposed screens / bollards (if any)

|   |   |
|---|---|
| No.   | Materials                                 |
| Dimensions <span style="float: right;">width</span> | <span style="float: right;">length</span> |

### Proposed landscape planter boxes (if any)

|   |   |
|---|---|
| No.   | Materials   |
| Dimensions <span style="float: right;">width</span> | <span style="float: right;">height</span> <span style="float: right;">length</span> |

### Method of storage / security of tables, chairs etc.

|  |
|--|
|  |
|--|

Is decking proposed?  No  Yes

If yes, the area to be used m<sup>2</sup>

Materials

**A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Approval and the Council'.**

## Public liability insurance

|                           |   |
|---------------------------|---|
| Name of insurance company |   |
| Name of insured           |   |
| Policy no.                | Amount of cover \$  |
| Policy expiry date        | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

## Lodgement

Please attach the following:

1. A Site Plan drawn to scale not smaller than one to one hundred (1:100). The scope to extend:
  - from the kerb's edge, the full width of the footpath, to the frontage of the building; and
  - from within 2 metres of one adjoining premises, the full length of the property frontage, to within 2 metres beyond the other adjoining premises.The Site Plan shall show:
  - the boundaries of the site, the outline of buildings, and the use of adjoining buildings;
  - the area (including dimensions) intended to be used for outdoor dining (shown in red) and the location of all proposed outdoor dining facilities;
  - any trees, fire hydrants, transformers, telephone booths, mail boxes, bus seats and shelters, traffic signal boxes, fixed rubbish bins, pillars and posts (supporting signs or other objects) and other obstructions.
2. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.
3. A copy of your License under the *Food Act 2006*.
4. Photographs including:
  - A colour photograph of the site frontage and proposed area to be used for outdoor dining; and
  - A photograph (or brochure) detailing furniture, accessories and fittings intended to be placed on the footpath.
5. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

**Please see attached information sheet for important notes relating to this application.**

**Please note: This application and fee MUST be lodged with your Council.**

**Office use only**

|                    |   |                      |          |
|--------------------|---|----------------------|----------|
| Application fee    |   | Reg. no.             |          |
| Receipt code       |   | ID no.               |          |
| Authorised officer |   | Inspection date      |          |
| Recommendation     |   |                      |          |
|                    |   |                      | Rec. no. |
| Date               | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Account property no. |          |