## Health Services



## **Application for an Alfresco Dining Permit**

Part 11 - Local Government Property and Public Places Local Law 2016

Applicant Name:				
Name of Business:				
Business Street Address:				
Food Business Proprietor/Company:				
Name of Contact Person	Name of Contact Person: ABN:			
Postal Address:				
Contact numbers: Bu	isiness:	Mobile:		
Email:				
Details of Alfresco Dining Area				
Number of tables:	Number of chairs:			
Description of tables and chairs:				
Number and description	of any other structures (i.e. Umb	ellas, planter boxes, barriers, menu boards etc):		

Number of toilet facilities available at the premises in the table below:

Туре	Male	Female	Accessible/Disabled
Hand Basin			
Toilet/WC			
Urinals			

## Please return completed form to:

Health Services	Phone: 9550 3746 (Health Services)
City of Mandurah	Facsimile: 9550 3888
PO Box 210	Customer Services: 9550 3777
MANDURAH WA 6210	Email: health@mandurah.wa.gov.au
	Office Location: 3 Peel Street, Mandurah

Information to be submitted with this application:	
A site plan at a scale not greater than 1:100 showing the location of the alfresco area (including the pedestrian path)	
Copy of public liability insurance (Certificate of Currency of at least \$10 million)	
Photographs of the furniture and other structures	
A statement of the number of internal seats within the food business (not including the alfresco din area)	
Additional information: Required for alfresco dining areas adjoining a business that is not a food business	
A statement of approval from the owner and occupier of the property(s) where the proposed alfresco dining area is to be located.	

Applicant signature:		Date:
----------------------	--	-------

-	ealth Services ity of Mandurah	Phone: 9550 3746 (Health Services)
		Facsimile: 9550 3888
	PO Box 210	Customer Services: 9550 3777
	ANDURAH WA 6210	Email: health@mandurah.wa.gov.au
		Office Location: 3 Peel Street, Mandurah