|  |  |
| --- | --- |
| wfdc | **Wyre Forest House, Finepoint Way,** **Kidderminster, DY11 7WF****Tel: 01905 822799****Email: enquiries@worcsregservices.gov.uk** |

Application for Grant/Renewal of a

Street Amenity Permission

Highways Act 1980 Section 115F

|  |
| --- |
| SECTION A |

(Please Tick ✓)

**Application Type:**  New □ Renewal □

**Part 1 – Premises details**

|  |
| --- |
| **Postal address of premises or, if none, ordnance survey map reference or description** |
| **Post town** | **Post code** |

|  |  |
| --- | --- |
| Telephone number at premises (if any) |  |

**Part 2 – Applicant Details**

|  |
| --- |
| Please state whether you are applying for a Street Amenity licence as Please tick ✓ |
|  |  |
| a) an individual or individuals\* | ❑ please complete section (A) |
| b) a person other than an individual\* |  |
|  | ❑ please complete section (B) |
|  i. as a limited company |
|  | ❑ please complete section (B) |
|  ii. as a partnership |
|  | ❑ please complete section (B) |
|  iii. as an unincorporated association or |
|  | ❑ please complete section (B) |
|  iv. other (for example a statutory corporation) |

**(A) individual applicants** (fill in as applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other title(for example Rev.) |  |

|  |  |  |
| --- | --- | --- |
| Surname |  | First names |
|  |  |  |

|  |  |
| --- | --- |
| ***Please tick ✓*** |  |
| I am 18 years old or over |  |

|  |  |
| --- | --- |
| Current postal address if different from premises address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Post Town |  | Postcode |  |

|  |  |
| --- | --- |
| Daytime contact telephone number |  |

|  |  |
| --- | --- |
| E-mail address*(optional)* |  |

**SECOND INDIVIDUAL APPLICANT** (if applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr |  | Mrs |  | Miss |  | Ms |  | Other title(for example Rev.) |  |

|  |  |  |
| --- | --- | --- |
| Surname |  | First names |
|  |  |  |

|  |  |
| --- | --- |
| ***Please tick ✓*** | ***Yes*** |
| I am 18 years old or over |  |

|  |  |
| --- | --- |
| Current postal address if different from premises address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Post Town |  | Postcode |  |

|  |  |
| --- | --- |
| Daytime contact telephone number |  |

|  |  |
| --- | --- |
| E-mail address*(optional)* |  |

**(B) OTHER APPLICANTS**

**Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.**

|  |
| --- |
| Name |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

|  |  |
| --- | --- |
| **Nature of Business :****(Please give full description on what you intend to use the area for)** |  |

|  |  |
| --- | --- |
| **Area of Highway to which application relates:**(A plan showing the exact area of highway, indicating the position of the tables and chairs, must accompany this application) |  |

**Number of Tables: ………… Number of Chairs: …………….**

**Width of footway available for public to pass: ……………………………………….**

**Day(s) and times for which □** Monday from until hours

**Application is made □** Tuesday from until hours

 **□** Wednesday from until hours

 **□** Thursday from until hours

 **□** Friday from until hours

 **□** Saturday from until hours

 **□** Sunday from until hours

**Purpose of tables and chairs**

(eg eating/ drinking) ……………………………………………………………………………………

**If alcohol is to be served, is there an appropriate licence in force for the area in question?**

Yes **□** No **□** Premise Licence Number: ……………………………………………………………

**NB The applicant will be expected to provide the council with an indemnity in respect of any loss or damage caused by the placing of tables and chairs on the highway.**

**This application and the appropriate supporting documentation should be forwarded to the Licensing Section at the above address.**

**Please read the policy and guidance notes that accompany this application form. Failure to comply with the application procedure could result in a permission not being granted.**

**The following are required with this form before we can proceed with your application:** Please tick the boxes below ✓ to confirm you have sent them

* Application form (all sections completed) □
* Licence fee and form sent to Licensing authority  □
* Plan showing the exact area of highway, indicating positions of tables & chairs □
* Certificate of public liability to £5 million. □
* Photos of chairs, tables and barriers that will be used □

Cash or card payments can be made with the application at the above address. Applications by post must be accompanied with the payment in the form of a cheque made payable to Wyre Forest District Council.

The process of consideration and determination of your application will normally take between four and six weeks. If the application is referred to Licensing Committee the process is likely to take longer.

|  |
| --- |
| SECTION B |

I/We confirm that the contents of this application are true and correct.

I/We agree that if permission is granted by Wyre Forest District Council to place tables and chairs on the highway, that I/We will comply with all Acts, Bylaws, Regulations and conditions relating thereto and for the time being in force.

I/We understand that non-compliance with any relevant Acts, Bylaws, Regulations and conditions will prejudice the continuance of any permission granted.

I/We understand that the council may utilise the information contained herein for internal purposes and may disclose the information to persons or organisations in accordance with the council’s registration under the Data protection act 1998.

I/We, the undersigned, hereby apply for permission to place tables and chairs on the highway within the district of Wyre Forest and I/We declare that to the best of my/our knowledge and belief the foregoing statements are true and correct.

I/We understand that the permission will expire 1 year after it has first been granted and a renewal application form will need to be submitted to the local authority by the date given in the renewal reminder letter, together with the fee current at that time.

Signature of applicant(s) ………………………………………………………………………

Name(s) in BLOCK CAPITALS ………………………………………………………………………

Capacity in which application is signed ……………………………………………………………………..

Date ………………………………………………………………………