Administration Building: 180 Mort Street Lithgow **Postal Address:** PO Box 19 Lithgow NSW 2790

Phone: (02) 63549999 **Fax**: (02) 63514259

Email: council@lithgow.nsw.gov.au **Web:** www.lithgow.nsw.gov.au

ABN: 59 986 092 492



APPLICATION FOR APPROVAL TO TRADE ON COUNCIL'S FOOTPATH OR FOR OUTDOOR EATERY LOCAL GOVERNMENT ACT 1993

Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,0	Applicant Details			
Contact Telephone: Fax: Email:				
Address: Lot No/DP/Portion, etc: Premises Name: Description of Proposed Article to be Placed on Footpath Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,000 ancluding a waiver of subrogation against Council)				
Address:	Contact Telephone:	Fax:	Email:	
Lot No/DP/Portion, etc: Premises Name: Description of Proposed Article to be Placed on Footpath Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,000 ancluding a waiver of subrogation against Council)	Subject Land Details			
Premises Name: Description of Proposed Article to be Placed on Footpath Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,000 including a waiver of subrogation against Council)	Address:			
Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,000 including a waiver of subrogation against Council)	Lot No/DP/Portion, etc:			
Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,00 including a waiver of subrogation against Council)	Premises Name:			
Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,00 including a waiver of subrogation against Council)	Description of Proposed Article to be Placed on			
Insurance Details (Public Risk Insurance – endorsed to cover Council for a minimum of \$20,000,00 including a waiver of subrogation against Council)				
including a waiver of subrogation against Council)				
	including a waiver of subrogation agai	inst Council)		0,000
Policy No:Expiry Date:/Amount Insured: \$				
Copy of Policy MUST be attached	Policy No:	Expiry Date:/		
cknowledge that I have read and understood the attached policy, and hereby agree to abide by its terms.		_ Expiry Date:/		
	Copy of Policy MUST be attached		_/ Amount Insured: \$	
SIGNATURE OF APPLICANT DATE DATE	Copy of Policy MUST be attached		Amount Insured: \$ r, and hereby agree to abide by its term	
	Copy of Policy MUST be attached cnowledge that I have read and understo	ood the attached policy	_/ Amount Insured: \$	
	Copy of Policy MUST be attached cknowledge that I have read and understo	ood the attached policy	Amount Insured: \$ r, and hereby agree to abide by its term	
	Copy of Policy MUST be attached cknowledge that I have read and understo	ood the attached policy	Amount Insured: \$ r, and hereby agree to abide by its term	
	Copy of Policy MUST be attached cknowledge that I have read and understo	ood the attached policy	Amount Insured: \$ r, and hereby agree to abide by its term	
	Copy of Policy MUST be attached cknowledge that I have read and understo	ood the attached policy	Amount Insured: \$ r, and hereby agree to abide by its term	
	Copy of Policy MUST be attached cknowledge that I have read and understo	ood the attached policy	Amount Insured: \$ r, and hereby agree to abide by its term	

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

Maintained by Dept:	Env & Dev	Effective Date: JUNE 2013	Review Date: JUNE 2014
Version: 2			