

A-Frame Display Application

Roads Act 1993, Crowns Act 1989 and Local Government Act 1993

OFFICE USE ONLY

Reference No.

About this form

You can use this form to apply to have one A-Frame Display to be placed on the footpath.
Ensure you have read the [Footway Trading Guidelines](#) and [Footway Trading policy](#) prior to lodging this application.

Applicant details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other

First Name: Family Name:

Company Name (if applicable):

ABN/ACN (if applicable):

Mailing Address:

Suburb: State: Post Code:

Email Address:

Daytime Telephone No. (Home/Work): Mobile No:

Business trading name premises details

Business/Trading Name:

ABN/ACN

Store/Duty Manager:

Mailing Address:

Suburb: State: Post Code:

Daytime Telephone No. (Home/Work): Mobile No:

Mailing address

Is your mailing address different from your street address? ☐ No ☐ Yes – **complete below**

Mailing Address:

Suburb: State: Post Code:

A-Frame Dimensions

Height (in metres)	Width (in metres)	Height when open (in metres)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address

PO Box 21, Rockdale NSW 2216
ABN 80 690 785 443

Bayside Customer Service Centres

Rockdale Library, 444-446 Princes Highway, Rockdale
Eastgardens Library, Westfield Eastgardens, 152 Bunnerong Road, Eastgardens

W www.bayside.nsw.gov.au
T 1300 581 299

Owner's consent

As owner of the land to which this application applies, I authorise:

- Council representatives to enter the site for the purpose of site inspections, assessing the application and compliance with any approval which may be issued by council.
- Council to make copies of all documents for the purpose of determining the application or to provide copies to people who may be affected by the proposal.
- If more than one owner, every owner must sign.
- If you are signing on the owner's behalf as their legal representative, please state your legal authority (e.g. Power of Attorney, Executor, Trustee: and attach evidence of this authority.
- If the property is within a strata plan, the consent of the Owners Corporation is required under seal.
- If the owner is a Company, a Director and the Secretary must sign.

Full Name:	Full Name:	Full Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Address:	Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone No.:	Phone No.:	Phone No.:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	Signature:	Signature:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date:	Date:	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"/> / <input type="text"/>

If signing on behalf of a Company, please also indicate your position within the Company:

Position:	Position:	Position:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name:	Company Name:	Company Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Public Liability Insurance

Insurance Company	<input type="text"/>		
Policy Number:	<input type="text"/>	Public Liability Expiry Date	<input type="text"/>

Supporting Documentation

Mandatory Documents	Applicant Use		Office Use	
	Yes	No	Yes	No
1. Photo of A-Frame or artwork design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fees	Application Code
Application Fee	\$177.50

Declaration

I have read and agree to the terms and conditions outlined in this form.

I declare that the information given is true and correct.

I understand that if incomplete, the application may be returned to me, delayed, rejected or more information may be requested within 21 days of lodgement.

Applicant's Signature

Date

/

/

How to lodge this application

You can lodge your completed application form and any required supporting documents:

In person

At any of Council's Customer Service Centres:

• **Rockdale Customer Service Centre:** 444-446 Princes Highway, Rockdale NSW 2216

• **Eastgardens Customer Service Centre:** Westfield Eastgardens, 152 Bunnerong Road, Eastgardens NSW 2036

By mail

Post to **Bayside Council:** PO Box 21, Rockdale NSW 2216 with payment via cheque or money order (do not send cash)

By email

By email to council@bayside.nsw.gov.au.

Do not include credit or debit card details on your application. If lodged via email, a Council Customer Service Officer will phone to organise a secure over the phone payment using a credit card.

Payment is preferred by cheque, money order, debit or credit cards (Visa and Mastercard). Payments made using a credit card will incur a service fee of 0.5%

Privacy notification

Completion of this document is voluntary - partially completed applications may result in refusal of the application. The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Act 1998 and may be available to the public under various legislation

OFFICE USE ONLY		
Receipt No	Date	\$