

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)

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:
Address:	Address:	Address:
Phone No.:	Phone No.:	Phone No.:
Signature:	Signature:	Signature:
Date:	Date:	Date:
/ /	/ /	/ /

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

Position:	Position:	Position:
Company Name:	Company Name:	Company Name:

Public Liability Insurance

Insurance Company			
Policy Number:		Public Liability Expiry Date	

Supporting Documentation

Mandatory Documents	Applicant Use		Office Use	
	Yes	No	Yes	No
1. Photo of A-Frame or artwork design	☐	☐	☐	☐

Fees	Application Code
Application Fee	\$192.00

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

/

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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:** 444-446 Princes Highway, 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, Mastercard or Amex). 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	\$