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| LEVELLING UP AND REGENERATION ACT 2024 | http://intranet.smbc.loc/media/444980/seftoncouncil_logo_v2_hi-res.jpg |
| REQUEST FOR THE PERMISSION OF A PAVEMENT LICENCE |

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| APPLICANT DETAILS |
| Title: | First name(s): | Surname: |
| Postal Address: |
| Post Town: | Post Code: |
| Phone (Home): | Phone (Mobile): |
| e-mail address: |
| Date of Birth: | NI number: |

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| BUSINESS PREMISES DETAILS |
| Trading Name: |
| Postal Address: |
| Which of the following is the above premises used for? (please tick one of the following options) |
| Use as a public house, wine bar or other drinking establishment |  |
| Other use for the sale of food or drink for consumption on or off the premises |  |
| Both of the above uses |  |

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| AREA OF HIGHWAY PROPOSED TO BE USED |
| Please provide a description of the area of the highway to which this application relates:(Please note you are required to submit a scale plan of this area with your application) |

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| RELEVANT PURPOSE THE APPLICATION RELATES TO: |
| Which of the following relevant purposes do you wish to put furniture on the highway for? (please tick one of the following options) |
| To sell or serve food or drink supplied from, or in connection with relevant use of, the premises |  |
| For the purpose of consuming food or drink supplied from, or in connection with relevant use of, the premises |  |
| Both of the above purposes |  |

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| DAYS AND TIMES |
| During what times do you propose to place furniture on the highway on each of the following days:Please use the 24hr clock. |
| Mondays | to | Fridays | to |
| Tuesdays | to | Saturdays | to |
| Wednesdays | to | Sundays | to |
| Thursdays | to |  |  |

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| FURNITURE TO BE PLACED ON THE HIGHWAY |
| Please provide a description of the furniture you propose to place on the highway.(Please note you are required to provide photographs or brochures of the proposed furniture with your application) |

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| DATE OF APPLICATION |
| Please state the date that this application for a Pavement Licence is being submitted |  |
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| DECLARATIONS BY APPLICANT |
| I understand that I am required to give notice of my application in accordance with the requirements of the Business and Planning Act 2020 and that failing to do so will lead to the revocation of any licence granted.I understand I must hold and maintain public liability insurance up to a value of £5million. **I understand my application will not be considered to be complete until all the required documents and information have been provided.**I understand that the Authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud.  I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to revocation. I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent. |
| Signature: |
| Print Name: |
| Date: |

Please return this form with all relevant documents to: network@sefton.gov.uk

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| Documents checklist (please tick) |  |
| Copy of Public liability insurance (minimum £5 million) |  |
| Red line plan  |  |
| Details of proposed furniture |  |
| COVID management plan |  |
| Evidence of site notice |  |