For a limited period of time, premises with an Outdoor Dining Permit may also trade in front of adjacent venues, with the agreement of the adjacent venue’s proprietor.

**Applicant -** Please use this form to demonstrate that you have this agreement in place with the adjacent property. Provide your details, adjacent properties details and adjacent property proprietor’s signature.

**Adjacent Property Managers -** Please sign below under “Agreement from Adjacent Properties” (page 2) to indicate that you agree to the footpath in front of your premises being used by the applicant for footpath trading.

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Business / Trading Name |  |
| Address  |  |
| Proprietor name (your name) |  |
| Position (owner/lessor/director) |  |
| Phone number |  |
| Email |  |
| Footpath Trading Permit Number |  |
| Signature |  | Date |  |

**FLOOR PLAN**

Please show what equipment / furniture will be place in front of adjacent properties (e.g. tables, chairs, café screens, umbrellas, heaters). A minimum of 1.8 metres must separate the property’s frontage and placement of equipment/furniture to allow free pedestrian passage.

|  |  |  |
| --- | --- | --- |
| **Adjacent Property #1** | **Applicant’s premises** | **Adjacent Property #2**1.8m |
| 1.8m |  |  |
| **Trading Zone Floorplan** |  | **Trading Zone Floorplan** |
| **STREET** |

**AGREEMENT FROM ADJACENT PROPERTIES**

|  |
| --- |
| **ADJACENT PROPERTY #1** |
| Business / Trading Name |  |
| Address  |  |
| Proprietor name (your name) |  |
| Position (owner/lessor/director) |  |
| Phone number |  |
| Email |  |
| Footpath Trading Permit Number |  |
| I agree to the applicant trading on the footpath in front of my premises |
| Signature |  | Date |  |

|  |
| --- |
| **ADJACENT PROPERTY #2** |
| Business / Trading Name |  |
| Address  |  |
| Proprietor name (your name) |  |
| Position (owner/lessor/director) |  |
| Phone number |  |
| Email |  |
| Footpath Trading Permit Number |  |
| I agree to the applicant trading on the footpath in front of my premises |
| Signature |  | Date |  |