Temporary Pavement Licence Application 2023/24

APPLICATION FOR A TEMPORARY LICENCE TO PLACE TABLES AND CHAIRS ON THE PUBLIC HIGHWAY 2023/24 UNDER THE BUSINESS AND PLANNING ACT 2020 (PAVEMENT LICENCES) (CORONAVIRUS) (AMENDMENT) REGULATIONS 2023

	3503	, ,	
1.	Name: ****		
	Address: ******	WOKING	TIAM
	Post Code: RG-40		
	Telephone Number:	Email:	@thenglydncklingpottery.co. u
2.	Address: 2-3 KARTUO 1905		
	Telephone Number: 01635 Email: Cheuglyducklingpottery. Co. uk [Note: A plan showing the pavement café location relative to the premises must be submitted with the application]		
	Proposed size of area to occupy:	m x m =	m² (please see plan)
	It is accepted that the number of chairs/tables within this area will vary as and when social distancing advice changes.		
	Duration of licence applied for (must be no later than 30th Sept 2024): Up to 34 19/24		
3.	PLANNING CONSENT I acknowledge that Planning Consent may be required in order to obtain a Pavement Licence beyond September 2024 and if so it is the applicant's responsibility to obtain Planning Consent prior to a Pavement Licence being issued		
4.	INDEMNETY AND INSURANCE COVER The Licensee shall indemnify the Council against all actions, proceedings, claims, demands and liability which may at any time be taken, made or incurred in consequence of the use of the chairs and tables and other objects and for this purpose must take out at the Licensee's expense a policy of insurance approved by the Council in the sum of at least £5,000,000.00 in respect of any one event and must produce to the Council proof of this with the application. It is the applicant's responsibility to inform their insurer of the retrospective planning application and ensure that they are covered.		
	Insurance Company: N16		Policy Number: 006
5.	DECLARATION I / WE HEREBY APPLY FOR A LICENCE TO PLACE CHAIRS AND TABLES AT THE LOCATION DESCRIBED ABOVE. I / WE HAVE READ THE NOTES FOR GUIDANCE AND ACCEPT THE CONDITIONS. I / WE ACKNOWLEDGE AND AGREE TO PAY THE £100 FEE PAYABLE FOR THE ISSUE OF THIS LICENCE.		
	Signed:	Name:	(DIRECTOR)
	(If signing on behalf of a company, please state your authorisation) Date:		