



Highways Act 1980 - Section 115

## Application for a Street Furniture Licence

### 1. Applicant

Full name

ROBIN NORRIS

Date of birth

Address including postcode

SUITE 5 THE LINES BUSINESS CENTRE  
6 BROAD STREET  
DEAL, KENT CT14 6ER

Telephone number(s)

Mobile number

-AS ABOVE-

Email address

### 2. Business

Name

PORT OF CALL T/A CAPPAGH CAPITAL

Address including postcode

18-19 MARKET SQUARE  
DOVER  
KENT CT16 1NX

Telephone

### 3. Licence Required

From (month)

01/04/2017

To (month)

01/10/2017

Days

7 DAYS A WEEK

Between the times

10.00

and

22.00

Number of tables

22

Number of chairs

88

Brief description of type and quality of tables and chairs

Please also provide photos if possible

CAST IRON TABLE & CHAIRS  
(AS PREVIOUSLY USED)

### 4. Additional Information

Do you have toilets for customers to use?

☒ Yes

☐ No

If yes, please say how Many?

2

Have you sought the advice of the environmental health officer in respect of food hygiene and health and safety matters?

☒ Yes

☐ No

Have you ever been refused a street furniture Licence in this or any other areas?

☐ Yes

☒ No

If yes, please give details


**PLANNING PERMISSION MAY BE REQUIRED  
PLEASE TELEPHONE 01304 872042.**

## 5. Declaration

I enclose

- ☐ Plan showing dimensions of area of highway and proposed layout of street furniture (AS PER 2016 APPLICATION)
- ☒ Copy of Public Liability Insurance
- ☒ Fee: £75 Application Fee or ~~£35~~ For Annual Renewal.
- ☒ I declare that I have checked the information given on this application form and to the best of my knowledge and belief it is correct.

Signature



Date

28/03/2017

## Notes

1. If any person makes a false statement or omits any material particular in giving the foregoing information knowingly he may be guilty of an offence and liable to prosecution. In addition the licence may be revoked forthwith.
2. Please complete this form on a computer or in block capital letters and return it to  
Licensing  
Dover District Council  
White Cliffs Business Park  
Dover CT16 3PJ

For Office Use Only			
Date	Time	Officer	
Receipt number		Fee	£
Licence number		Issue date	

To Whom It May Concern

22nd February, 2017

Dear Sirs,

**Broxpoint (K) Ltd, The Brill UK LLP, Keystone House Ltd,  
Deal by Sea Ltd, Cappagh Capital Ltd and Robin Norris**

We act as Insurance Brokers to the above Company and confirm brief details of our Client's insurance cover for your information as follow:-

**Employer's Liability**

**Insurer:** Allianz Insurance plc  
**Policy No:** SZ/26616530  
**Expiry Date:** 31st January, 2018  
**Cover Basis:** Insurers will indemnify the above client in respect of their legal liability to pay compensation and claimants' costs and expenses in respect of death, bodily injury, illness or disease sustained by employees during the course of their employment in the Insured's business.  
**Limit:** £10,000,000 any one occurrence, costs inclusive

**Public/Products Liability**

**Insurer:** Allianz Insurance plc  
**Policy No:** SZ/26616530  
**Expiry Date:** 31st January, 2018  
**Cover Basis:** Insurers will indemnify the above client in respect of their legal liability to pay compensation and claimants' costs and expenses in respect of death, bodily injury, illness or disease and third party property damage arising out of their business, including products sold or supplied.  
**Limit:** £5,000,000 any one occurrence and in the aggregate in respect of Products Liability  
**Excess:** £250 each and every claim for Third Party Property Damage

We confirm that both sections include the "Indemnity to Principals Clause"

All cover is subject to Insurers policy terms and conditions. We trust that you will find the above details to be acceptable. Please contact us in writing should you have any further information on this insurance cover, as we shall be pleased to assist if we can. The letter is given without any liability to the writer or the company.

Yours faithfully,  
pp. LDS Associates

Nicky Dulieu  
Client Service Director