



Application for a Street Furniture Licence

1. Applicant

Full name

Date of birth

Address including postcode

Telephone number(s)

Mobile number

Email address

2. Business

Name

Address including postcode

Telephone

3. Licence Required

From (month)

APRIL

To (month)

APRIL

Days

365

Between the times

06:30

and

22:30

Number of tables

7

Number of chairs

14

* DEPENDS ON LAYOUT ALLOWANCE

Brief description of type and quality of tables and chairs

Please also provide photos if possible

PREMIUM, HEAVY DUTY
OUTDOOR CONTEMPORARY
SEATING
- GALVANISED -

4. Additional Information

Do you have toilets for customers to use?

Yes No

If yes, please say how Many?

1

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

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

21. 03. 22

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	



SPECIAL NOTE

- BICYCLE RACKS TO BE MOVED THROUGH K.C.C.

