

Application for the grant of a pavement licence

Business Address Confirmation

Selected business address *

Pavement license BARN RESTAURANT 7 STATION ROAD
MARCH CAMBRIDGESHIRE PE15 8LB

Applicant Details

Title *

First name(s) *

Surname *

Postal address *

7 Station Road

Address line 2

Address line 3

Post town *

March

Postcode *

PE15 8LB

Phone (Home) *

01354 656825

Phone (Mobile)

Email address *

Date of birth *

NI number *

Business Premises Details

Trading name *

Ashby's restaurant

Selected business address *

Pavement license BARN RESTAURANT 7 STATION ROAD
MARCH CAMBRIDGESHIRE PE15 8LB

Business phone number *



Which of the following is the above premises used for? *

Other use for the sale of food or drink for consumption on or off the premises

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)

You already have the scaled plan of the area and also the public liability insurance

Relevant Purpose The Application Relates To

Which of the following relevant purposes do you wish to put furniture on the highway for? *

Both of the above purposes

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Monday

08:30

12:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Tuesday

08:30

Days and Times

15:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Wednesday

08:30

15:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Friday

08:30

15:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Saturday

08:30

15:00

Days and Times

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Sunday

08:30

15:00

Days and Times

Please enter the days and times of the week you wish to place the furniture on the highway. Please enter times in 24hr format (HH:MM)

Day *

Sunday

08:30

15:00

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)

Two tables 4 chairs

Declaration

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 and the appropriate application fee has been paid. I understand that the application fee paid is non-refundable if my application is refused or if any licence granted is subsequently surrendered or revoked. 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.

Declaration



Declaration made

Name *

Date *