

PL 1a

APPLICATION FORM - TEMPORARY PAVEMENT LICENCE

Ref: 0003 Please complete this form and return it together with the necessary enclosures to:

Email: streettrading@wiltshire.gov.uk

Name of Business	SARAH-JAYNES CAFE	OFFICE USE ONLY
Address of Business	3 MARKET PLACE CHIPPEHAM WILTS SN15 3HD	
Local Contact Name*	[REDACTED]	
Name of Food Premises Operator	[REDACTED]	
Contact Phone No	[REDACTED]	
Email address	[REDACTED]	
Company Name	[REDACTED]	
Company Address	[REDACTED]	
Company Phone No	[REDACTED]	
Do you have an existing agreed seating area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details and agreed council dimensions of the existing seating area: 2M DEEP x WIDTH OF CAFE	
Pavement Licence Area (to include any extensions to existing areas)	Dimensions Width (Mtrs) <u>8</u> Depth (Mtrs) <u>5</u> Number of Chairs: <u>25</u> Number of Tables: <u>10</u> Other proposed furniture: <u>6 PARASOLS</u>	
Proposed hours of Operation	DAY From To Mon 8.30 - 4 Tue 8.30 - 4 Wed 8.30 - 4 Thur 8.30 - 4 Fri 8.30 - 4 Sat 9 - 4 Sun Bank H 9 - 6	
What type of food/drink do	ALL TYPES OF COOKED FOOD, SANDWICHES, CAKES AND HOT + COLD DRINKS	

you propose selling?	
*The person or agent who can discuss the detailed requirements.	
Walter service or Takeout?	BOTH
Alcohol Licence	Is the proposed pavement licence to be covered by a premises licence permitting the consumption of alcohol? YES
Management	Please state how you intend to keep the area of the pavement licence and surrounding area clean and safe? REGULARLY CLEANED IN LINE WITH COVID 19 PROCEDURES AND AS WE HAVE BEEN MANAGING FOR PAST 5 1/2 YEARS
Insurance	You will require indemnity insurance to the amount of £5 million for this area covered by the pavement licence. Proof of such insurance must be seen by the council before issue of a licence. ATTACHED
Layout	Please provide a detailed plan to scale showing the layout of the proposed area, including access points, buildings, boundary lines and kerbs or pavement limits. The positions of the tables and chairs should be marked along with any other furniture items. ATTACHED
Proposed furniture	Please provide a description including colours and materials. Attach any photographs showing relevant detail etc. if available. ATTACHED
Barrier materials	Please provide examples and relevant detail photographs etc. ATTACHED
Land Status	Is the proposed area on the: Highway: Yes/No <input checked="" type="checkbox"/> No SEE PLAN Council owned land: Yes/No <input checked="" type="checkbox"/> No Private: Yes/No <input checked="" type="checkbox"/> No
COVID 19	You must have completed a Covid Secure Risk assessment which details how the area will be managed. Applications will not be processed without a completed Covid Secure risk assessment which details the safety measures in place.

Submission checklist – please ensure you have completed all of the following:

Completed Application:

Name

Position

Site plan (with dimensions):

Signature

COVID Secure Risk Assessment:

Date

Valid copy - Public Liability Insurance Certificate:

Any existing consent correspondence:



WE CANNOT FIND THE CORRESPONDENCE BUT YOU WILL HAVE A COPY OF OUR EXISTING AGREEMENT.