# TRANSFER OF LICENCE TO CONDUCT ALFRESCO DINING

CITY of PERTH

Alfresco Dining Local Law 2009 Schedule 3

## **Privacy**

The personal information collected on this form will only be used by the City of Perth for the sole purpose of providing requested and related services. Information will be stored securely by the City and will not be disclosed to any third parties without your express written consent.

# Copyright

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1. PROPRIETOR DETAILS				
Surname:				
First Name:	Title:			
Company:				
Address:				
Suburb:	Postcode:			
Mobile:	Facsimile:			
Email:	Phone:			
2. PREMISE DETAILS				
Trading Name:				
Address:				
Suburb:	Postcode:			

### 3. PUBLIC LIABILITY INSURANCE

It is a requirement for you to have a current \$10 million public liability insurance policy for the alfresco dining area.

#### **IMPORTANT:**

Please submit a copy of your current \$10 million public liability insurance policy with this form.

4. PAYMEN	T DETAILS			
The current Alfresco Dining Licence transfer fee is \$70 (2013-2014)				
☐ Chequ☐ Money☐ Credit	te your preferred method of payment: e (please make payable to the City of Perth) Order (please make payable to the City of P card (Visa, Mastercard or Amex) security reasons, the City of Perth cannot ac	,	credit card details.	
Therefore, please provide the name as displayed on your credit card, and sign below to authorise the City of Perth to debit that credit card.  The City of Perth will contact you to obtain your credit card number.				
Name on Card:				
Signature:		Date:		
5. DECLAR	ATION			
In accepting t	his Transfer of Licence, the transferee agree	s -		
any los	emnify and hold indemnified the Council and s, damage or injury however arising from the and and claim from the Council or the City of Perth or s, damage or injury however arising from any	e operation of any person ac	the eating area; cting on their behalf, for	
Applicant Signature:		Date	<b>:</b>	

Response Time: 14 Working Days from date of receipt

This form is available in alternative languages and formats on request.