**Street café licence application form**

**Checklist – remember to send us:**

* Completed application form
* Payment for the relevant fee, ***please see below***
* Your current Public Liability Insurance Certificate of at least £10million
* A scale plan to **1:250** of the area detailing location of objects (tables, chairs, plants etc)
* A location plan.
* Premise licence – ***only if you sell alcohol on or off the premise***

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| **Applicant name:**  **Company name/address and postcode:**  **Telephone:**  **Email:**  **Agents details** *(if applicable)***:**  **Company name/address and postcode:**  **Telephone:**  **Email:** |

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| Name and address of the premises where it is proposed to place tables and chairs:  Telephone number:  Please give the name of a contact person at the premises if different from above: |
| Please tick as appropriate  Do you occupy these premises as:  Freeholder 🗌 Leaseholder 🗌 tenant🗌 other🗌 |
| To be completed by the freeholder or their authorised representative if applying for the first time.  I/We give our consent to this application being made:  Name:  Capacity:  Address:  Telephone Number:  Email address:  Signature or official stamp: |

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| What is the nature of the business at these premises? (please be specific) |

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| Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Size of area (m), length\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, width:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| How many tables and chairs do you propose to have at the site?  Number of tables:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Numbers of chairs:\_\_\_\_\_\_\_\_\_\_\_\_  Number of umbrellas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I confirm that I have paid the relevant fee for the number of tables and chairs (please highlight below)  £102 Initial fee  £0.00 Renewal  **To pay by phone, please see below instructions.**  Please call 01992 555 407 (Finance department) and advise your payment is for Street Café Licence.  Mention the payment amount **£102.00**, and quote your full address of the premises  If you require payment via BACS, please let us know via email and details will be sent to you. |

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| Details of furniture (e.g. type, colour, material, size): |

Please indicate below the **proposed days and times of operation for the tables and chairs**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Start |  |  |  |  |  |  |  |
| End |  |  |  |  |  |  |  |

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| Your licence will begin within 40 days from receipt of your application, subject to all fees and documents being received.  If you would like this to start later then this date, please detail below. |

**Confirmation**

By signing the box below you are confirming that you have sent copies of the application to the [relevant consultees](https://beta.hertfordshire.gov.uk/services/highways-roads-and-pavements/business-and-developer-information/business-licences/street-cafe-licence.aspx#DynamicJumpMenuManager_1_Anchor_3).

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| Your signature:  Date: |

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| **DATA PROTECTION ACT 1998**  Information about you may be stored electronically or manually, and will only be processed in accordance with the Act. Certain information may be open to the public inspection or record. However, we may exchange information with others where necessary, for example, for the purposes of prevention or detection of crime or the collection of taxes, or where we are required to do so by law. |

Please send your completed application form, together with required documents and payment receipt to [streetcafelicences@hertfordshire.gov.uk](mailto:streetcafelicences@hertfordshire.gov.uk)