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| APPLICATION FOR A PAVEMENT LICENCE – email application  **BUSINESS AND PLANNING ACT 2020**  Please read the guidance document, standard and national conditions before completing this form |

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| SECTION 1a: APPLICANT DETAILS – INDIVIDUAL APPLICANTS | | | |
| Title: | First name(s): | | Surname: |
| Postal Address:  Post Code: | | | |
| Phone (daytime): | | Phone (Mobile): | |
| e-mail address: | | | |



**In the case of a partnership, please add separate sheet(s) confirming the above details for all parties**

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| SECTION 1b: APPLICANT DETAILS – OTHER APPLICANTS (e.g. companies) | |
| Name: | |
| Registered Address:  Post Code: | |
| Phone (daytime): | Phone (Mobile): |
| e-mail address: | |
| Registered number (where applicable): | |

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| SECTION 2: BUSINESS PREMISES DETAILS | |
| Trading Name: | |
| Postal Address:  Post Code: | |
| USE OF THE BUSINESS PREMISES | |
| Which of the following is the above business premises used for? (please select **ONE** of the following options) | |
| Use as a public house, wine bar or other drinking establishment |  |
| Other use for the sale of food or drink for consumption on or off the premises |  |
| Both of the above uses |  |

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| SECTION 3: AREA OF HIGHWAY PROPOSED TO BE USED |
| Please provide a description of the area of the highway to which this application relates (NB you are also required to submit a plan with this application) |

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| SECTION 4: RELEVANT PURPOSE THE APPLICATION RELATES TO: | | | | | | | | | |
| Which of the following relevant purposes do you wish to put furniture on the highway for? (please select **ONE** of the following options) | | | | | | | | | |
| 1. To sell or serve food or drink supplied from, or in connection with relevant use of, the premises | | | | | | | |  | |
| 1. For the consumption of food or drink supplied from, or in connection with relevant use of, the premises | | | | | | | |  | |
| 1. Both of the above purposes | | | | | | | |  | |
| **SECTION 5: DAYS AND TIMES** | | | | | | | | | |
| During what times do you propose to place furniture on the highway on each of the following days:  Please use the 24hr clock, e.g. 10:00 to 20:00: | | | | | | | | | |
|  | Mon | Tues | Wed | Thu | Fri | Sat | | Sun | |
| Start |  |  |  |  |  |  | |  | |
| Finish |  |  |  |  |  |  | |  | |
| SECTION 6: FURNITURE TO BE PLACED ON THE HIGHWAY | | | | | | | | | | |
| Please provide a description of the furniture you propose to place on the highway – including dimensions, quantity, brand, type and materials (please note you are required to provide photographs/pictures of the proposed furniture with your application) | | | | | | | | | | |
| **SECTION 7: PAVEMENT LICENCE HISTORY** | | | | | | | | | | |
| Is there currently or has there previously been a Pavement Licence at the Application premises? | | | | | | | Yes | | No | |
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| If yes, what changes (if any) from the existing Licence are proposed? Please specify here: | | | | | | | | | | |

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| SECTION 8: CONTACT DETAILS FOR CORRESPONDENCE (NB leave blank if same as applicant) | | | |
| Title: | First name(s): | | Surname: |
| Postal Address:  Post Code: | | | |
| Phone (daytime): | | Phone (Mobile): | |
| e-mail address: | | | |

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| **SECTION 9: CHECKLIST FOR DOCUMENTS TO INCLUDE WITH APPLICATION** | **✓** |
| Photographs/pictures/brochure or similar of the furniture proposed to be used |  |
| Site plan to a suitable scale or with clear measurements showing:   * property boundary and proposed boundary of area to be covered by the pavement licence (with a red line to indicate the area to be licensed). The plan should clearly show the measurements of the dimensions of the area. * building and kerb lines (with measurements from area to be licensed to kerb edge) * furniture layout * points of access and egress * position of any lighting columns, litter bins, road signs or other existing street furniture. |  |
| Public liability insurance (for a minimum of £5 million cover) |  |

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| **SECTION 10: PAYMENT – email application** | **✓** |
| Please note that the application is not complete (and therefore the consultation period does not start) until payment has been taken or confirmed  Payment for email applications may be made via BACS or by telephone. |  |
| **Pay by Bank Transfer:**  Bank Sort Code**: 20-71-29**  Name of Bank: **Barclays Bank PLC (Reading)**  Name of Account: **Oxford City Council**  Bank Account Number: **30750662**  Reference Number: **K9571ED16**  For payments to our UK bank account from overseas (Non UK) bank accounts, our details are as follows:  IBAN: **GB73 BARC 2071 2930 7506 62;** SWIFT code **BARCGB22**  Once you have made payment, please confirm by emailing [payments@oxford.gov.uk](mailto:payments@oxford.gov.uk) copying also to [licensingmisc@oxford.gov.uk](mailto:licensingmisc@oxford.gov.uk) with a screenshot/photo of your online payment record and a brief note stating the amount paid and that this is “*payment for a Pavement Licence application*” |  |
| **Pay by Phone**: please call 01865 252862 and leave a voicemail message with your name, the business name and address and your contact number, stating that you wish to pay for a Pavement Licence by phone. A member of staff will call you back within 48 hours. You will be able to pay by credit or debit card. |  |

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| SECTION 11: DECLARATION BY APPLICANT |
| I understand that I am required to display a notice of my application in accordance with the requirements of the Business and Planning Act 2020 and that failing to do so and to maintain the notice throughout the consultation period may lead to the revocation of any licence granted.  I understand I must hold and maintain public liability insurance for a minimum of £5 million.  I understand my application will not be considered to be complete, and the consultation period will not start, until the day after all the required documents and information have been provided and the application fee of £100 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. |
| Signature: |
| Print Name: |
| Date: |

Please email your completed application with the above documents and payment option to [licensingmisc@oxford.gov.uk](mailto:licensingmisc@oxford.gov.uk) and we will confirm receipt.

With best wishes

**Business Regulation Team**

**Regulatory Services and Community Safety**

**Telephone**: 01865 252862

**Email:** [licensingmisc@oxford.gov.uk](mailto:licensingmisc@oxford.gov.uk)

**Website**: [www.oxford.gov.uk](http://www.oxford.gov.uk)