

BRISBANE CITY COUNCIL Footpath Dining Permit Internal Review

	fice Use Only RT Inv No. DART Permit No.		
	e this form if you are requesting an internal review (appeal) of a cision Council has made regarding your Footpath Dining application.	8	Business hours contact details Phone number
I	What is the current licence/permit reference number?		() Fax number ()
2	Licensee/permit holder name (individual or organisation)		Mobile number
3	Business trading name		E-mail address
4	Premises address NOTE: The official address of location where the activity is carried out. The address is on the current licence for the activity.	9	Provide details: (Attach any further documentation to this for
	Postcode		
5	Applicant's name Person requesting this Internal Review. Mr Mrs Miss Ms Other Last/Family name		
6	Applicant's address		
	Postcode		
7	Contact person's name If different from Question 5.		
			L

10 To be completed by the applicant/business owner

Name Individual or organisation

lame of Signatory	If applicant is an	organisation
-------------------	--------------------	--------------

Signature

Ν

APPLICANT

Date

/ /

Name Individual or organisation

Position Proprietor, Director, Manager

Signature

APPLICANT 2

Date

/ /

Application lodgement options

By mail:

Return completed application to:

Brisbane City Council GPO BOX 1434 BRISBANE QLD 4001

In person:

At Brisbane City Council's Customer Service Centres or Regional Business Centres.

For further information:

Please contact Brisbane City Council on (07) **3403 8888** or visit Council's website at **www brisbane.qld.gov.au**