

**Outdoor Dining on Council Land  
Neighbour Consent Form  
For extensions to Outdoor Dining Designated Area's**

**Existing Outdoor Dining Permit No: \_\_\_\_\_**

**Proprietor Details**

Name of Proprietor	
Postal Address of proprietor	
ACN/ABN Number	

**Business Details**

Business Name	
Address of Business	
Business Contact Name	
Business Contact Number	
Business Contact Email	
Business Postal Address	

**Property Owner Details**

Are you the owner of the premises?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
If you are not the owner, provide details of the owner.		
Owners Name		
Owners Address		
Does the owner you consent to this proposal?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Proprietor	
Date	

## Neighbouring Property Details 1

Address of Neighbouring Property 1		
Property Owners Name		
Property Owners Address		
Property Owners Contact Number		
Property Owners Contact email		
Do you consent to this proposal?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Occupier Owners Name		
Occupier Owners Address		
Occupier Owners Contact Number		
Occupier Owners Contact email		
Do you consent to this proposal?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Neighbouring Property Owner 1	
Date	
Signature of Neighbouring Property Occupier 1	
Date	



## Neighbouring Property Details 2

Address of Neighbouring Property 2		
Property Owners Name		
Property Owners Address		
Property Owners Contact Number		
Property Owners Contact email		
Do you consent to this proposal?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Occupier Owners Name		
Occupier Owners Address		
Occupier Owners Contact Number		
Occupier Owners Contact email		
Do you consent to this proposal?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Neighbouring Property Owner 2	
Date	
Signature of Neighbouring Property Occupier 2	
Date	