

___ / _____ / 2020

Mount Alexander Shire Council
PO Box 185
Castlemaine VIC 3450

NEIGHBOURING BUSINESS REFERRAL FORM

Dear Community Safety & Amenity Team

RE: VARIATION TO EXISTING FOOTPATH TRADING PERMIT

I confirm that I am the owner/operator of _____
INSERT BUSINESS NAME
at _____
BUSINESS ADDRESS

I confirm I have been approached by _____
INSERT NEIGHBOURING BUSINESS NAME
on _____
INSERT DATE regarding expansion of their outdoor dining area
onto the footpath inside my building line until June 30, 2021.

I have sighted the proposed site map.

Do you have any issues or requirements that need to be considered? If yes, please list below.

I am happy to be contacted by Council to discuss this further if required.

YES NO

Name: _____

Phone: _____ Email: _____

Signature: _____