



**LONGFORD COUNTY COUNCIL**  
**PLANNING AND DEVELOPMENT ACT 2000 (as amended)**  
**PLANNING AND DEVELOPMENT REGULATIONS 2001 (as amended)**  
 (Article 201)

**SECTION 254 – OUTDOOR SEATING**

***Please send completed application and required documentation to:***

Planning Department, Longford Co. Council, Aras an Chontae, Great Water St., Longford  
 Tel.: 043-3343427 Fax: 043-3341233 Email: [planning@longfordcoco.ie](mailto:planning@longfordcoco.ie)

*Please answer all questions fully. Questions not answered may lead to a delay in processing of application.*

**APPLICANTS DETAILS:**

|  |  |
|--|--|
| <b>NAME, ADDRESS AND TEL. NO. OF APPLICANT:</b>                            |  |
| <b>NAME &amp; ADDRESS TO WHICH NOTIFICATIONS SHOULD BE SENT:</b>           |  |
| <b>LEGAL INTEREST IN THE SITE FROM WHICH THE LICENCE WILL BE OPERATED:</b> |  |

**INSURANCE DETAILS:**

*Public Liability Insurance to be a minimum value of €6.5 million and to indemnify Longford Co. Council against third party claims*

|   |  |
|---|--|
| <b>NAME OF INSURANCE COMPANY:</b>   |  |
| <b>POLICY NUMBER:</b>   |  |
| <b>EXPIRY DATE OF POLICY:</b><br><i>(You must present the original of the policy document for inspection, when submitting the application).</i> |  |

**DETAILS OF DEVELOPMENT:**

|  |  |
|--|--|
| <b>LOCATION OF OBJECT OR STRUCTURE TO BE LICENCED:</b><br><i>(Location map to be provided)</i>             |  |
| <b>TABLES &amp; CHAIRS</b><br><b>DETAILS OF ANCILLIARIES e.g. plantstands, umbrellas, gas heating etc.</b> | (1) No. of tables _____<br>(2) No. of chairs _____<br>(3) Table dimensions _____<br>(4) Ancilliaries _____ |

**PERIOD OF LICENCE REQUESTED:**

FROM THE DAY OF 2020  
TO THE DAY OF 2020

**SIGNED:**

*I hereby apply for a licence in accordance with the foregoing particulars.*

DATED THIS DAY OF 2020

SIGNED: \_\_\_\_\_

**NOTES**

Requirements for a valid licence application

1. Completed application form.
2. Insurance policy evidencing public liability cover of at least €6.5 million indemnifying Longford Co. Council against third party claims). **Note:** insurance must cover the entire period of the licence.
3. A location map at 1:1000 must be attached showing clearly the location of the item.

*The applicant should note the provisions of the Health, Safety and Welfare Act, 1989 (and associated Regulations) in relation to the obligations of all parties towards the safety of both themselves, their employees and all third parties.*

***The application must be made and approved by the Planning Authority  
at least 14 days prior to implementation***

**OFFICE USE ONLY**

Checked by/  Receipt No/  Date/

Insurance Verified/  Amount/  File No/