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| **APPLICATION FOR PAYMENT PLAN – FOOTPATH TRADING PERMIT** |
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| **Footpath Trading Permit Number:** |  |  |
| **Property Address:** |  |
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| **Name or Company name:** |  |
| **Postal address**: |  |
| **Contact email:** |  |
| **Contact phone number:** |  |
| **Final instalment will be due 31st August 2024** |
| **Balance Outstanding$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Payment Plan Frequency :** *(please tick ONE)* |  |
| **Payment Amount$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **□** | **Monthly** |  |  |
|  | **□** | **Quarterly** |  |  |
|  |  |  |  | **□** | **Bi-annually** |  |  |

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| **Terms & Conditions**1. Agreements will only be considered as approved once confirmed in writing by Hobsons Bay City Council.
2. Payments are to commence within one payment frequency cycle of the date of being made.
3. Payments are to be made using Council’s accepted payment methods.
4. This agreement is only made in relation to the amount as of the date of the agreement confirmation and specified in the agreement details.
5. This agreement will be cancelled if the scheduled payments are missed and has not been paid after receiving notification by Council, or the agreement is in arrears by an amount that is equivalent to five (5) weeks.
6. Council will communicate with you by post, email or SMS.
7. Council may refer this agreement to a third party to monitor payments and correspond with the applicant.
8. Any changes to ownership or occupancy of the property will end this agreement.
9. Council reserves the right to review the terms of the agreement at any time. Any changes to this agreement will be communicated with the applicant no less than seven (7) days before being made.
10. Council may apply any other terms or conditions to the agreement by noting these in an acceptance letter sent to the applicant.
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| **Acknowledgment** By signing this Application for Payment Plan, you acknowledge having read and understood the terms and conditions governing the agreement between you and Hobsons Bay City Council.

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|  **Signature:** |  | **Date:** |  |
|  | *(If signing for a Company, sign and print full name and capacity for signing, eg. Director)* |
| Completed forms are to be returned to receivables@hobsonsbay.vic.gov.au |

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