



SIDEWALK CAFÉ APPLICATION RENEWAL

Instructions:

1. Complete this application and provide certificate of insurance and a separate endorsement to the insurance policy, which names the City as an additional insured.
2. Submit application fee.

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Site Address _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS

1. More than fifty percent (50%) of gross sales revenue during the six (6) months immediately preceding the date of this application came from sale of food and beverages not containing alcohol.

_____ **YES** _____ **NO**

2. Alcohol will be served at the sidewalk café. _____ **YES** _____ **NO**

3. All required licenses for alcohol beverages and restaurant/food and are in compliance with terms.

_____ **YES** _____ **NO**

4. Hours of operation for sidewalk café. _____

The applicant agrees to comply with the following:

1. All Municipal Codes of the City
2. All conditions of the permit

The applicant also understands that the issuance of the sidewalk cafe permit creates no legal liability, expressed or implied, on the Municipality and certifies that all the above information is accurate.

Applicant's Signature _____ Date _____

City Use Only:

Date Filed _____

Fee Paid _____

Zoning Dist. _____

Date Approved _____

Mailing Date _____

Receipt # _____

Hearing Date _____

Application # _____