

Application for Sidewalk Café License

For Year: April 15, _____ to April 14, _____.

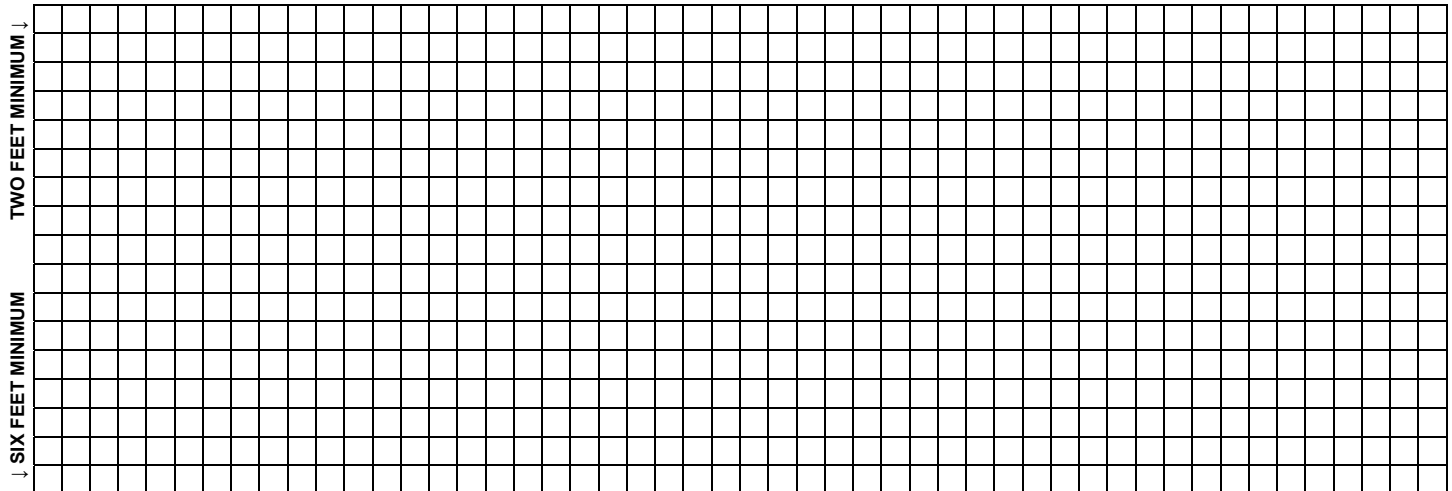
All new applicants and returning sidewalk café operators who wish to make any changes to their sidewalk café must schedule an appointment with the Street Vending Coordinator, who will meet with you at the café site. Include a photo or detailed rendering of your sidewalk café furniture and barrier with your application *whether you are new or returning*. Complete this application and diagram for approval. *Note: Set-up may not obstruct the pedestrian right-of-way. Approved tables, chairs and enclosure must be placed on the contiguous property in front of the business applying for the outdoor location. Owners must set up table area 2 feet from the curb. Tables, chairs and equipment must be removed nightly. A covered trash receptacle must be provided on site.* On the diagram below, identify trees, planter, bus shelter, posts/poles, in front of your business. All equipment such as tables and chairs must be shown on this application. All applications must be approved by the Street Vending Coordinator, 261-9171. **Make checks payable to: City Treasurer (Fees: 1 to 10 chairs: \$300; 11 to 20 chairs: \$400; 21 or more chairs: \$500)**

Name of Corporation or Limited Liability Company		Name of Registered Agent	Signature/Date
Restaurant Name		License Number Assigned/Date	
Address (Include Zip Code)			
Email Address			
Manager		Phone	Date of Birth
Driver's License Number		License Plate Number	
Hours of Operation From: _____ To: _____			
Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No		You are required to have an approved enclosure.	
Employee(s) in Charge of Outdoor Operation		A.L.R.C. Approval Date	

Diagram Below

Number of Tables	Number of Chairs	Display Equipment
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CURB



Insurance Certificate Date	Company	Expiration Date
Policy Number	City Approval Date	

Write the name of your business on your insurance certificate. Insurance coverage for contiguous property set-up must be approved by City Risk Manager (266-5965).

Signed _____
Vending Coordinator

Date _____

PLEASE SEE REVERSE

WHITE - OBR COPY

PLEASE SEE REVERSE

YELLOW - APPLICANT