

OUTDOOR CAFE APPLICATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

PHONE: _____

WHOM TO CONTACT IN EVENT OF EMERGENCY: _____

PROPOSED DATES AND TIMES OF OPERATION: _____

PHYSICAL LOCATION OF CAFE AT BUSINESS ADDRESS: _____

SIZE OF CAFE (LINEAR WIDTH AND DEPTH): _____

NUMBER OF TABLES: _____

ALCOHOL SERVED: _____

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH INSURANCE REQUIREMENTS AND HAVE PROVIDED THE CITY WITH A COPY THEREOF. I AGREE THAT THE PLACEMENT OF THE CAFE WILL NOT ENCROACH UPON ANY OTHER BUSINESS LOCATION OR CURB. I ALSO CERTIFY THE ABOVE FACTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

TITLE: _____

DATE: _____

_____ APPROVED

_____ DENIED

CHIEF OF POLICE: _____