



APPLICATION FOR SIDEWALK CAFÉ
CITY OF STOUGHTON

Pay Online: [Point and Pay](#)

ANNUAL FEE: \$100

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CONTACT NAME: _____ **PHONE:** _____

EMAIL: _____

DESCRIPTION OF PROPOSED OUTDOOR DINING AREA (Please include the number of tables and chairs and their location in relation to the premises and the capacity of the outdoor dining area. Attach additional sheets if necessary):

SITE PLAN REQUIRED: Please attach a site plan that accurately depicts the dimensions of the existing sidewalk area or other public property and adjacent private property, the proposed location of the sidewalk café, and the size and location of existing or proposed tables, chairs, steps, planters, barricades, external lighting, entryway locations, trees, sign posts, hydrants, sidewalk benches, trash receptacles, traffic signal poles, light poles, and any other obstructions.

HAVE YOU ATTACHED A SITE PLAN? YES _____ NO _____

HOURS OF OPERATION: Sidewalk Cafes hours are limited, by ordinance to 8:00 a.m.-11:00 p.m. on Fridays and Saturdays and 8:00 a.m.-10:00 p.m. all other days. Please list your proposed hours of operation:

CERTIFICATE OF INSURANCE REQUIRED: A current certificate of insurance demonstrating that the sidewalk café area is covered by a commercial general liability insurance policy with limits of not less than \$1,000,000 per occurrence and naming the City as an additional insured.

HAVE YOU ATTACHED A CERTIFICATE OF INSURANCE? YES _____ NO _____

WILL YOU BE SERVING ALCOHOL? YES _____ NO _____

Outdoor Sales/Consumption of alcohol requires City Council approval of the outdoor premises.

I declare under penalty provided by law, that the forgoing is true and correct to the best of my knowledge, and that I will comply with all City Codes and Regulations in the conduct of my business.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

CLERKS OFFICE

DATE RECEIVED BY CLERKS OFFICE _____ DATE PERMIT ISSUED _____

PERMIT NUMBER _____ STAFF SIGNATURE _____

PLANNING DEPARTMENT REVIEW

DATE REVIEWED: _____ RECOMMEND APPROVAL _____

RECOMMEND DENIAL _____

STAFF SIGNATURE _____

POLICE CHIEF REVIEW

DATE REVIEWED: _____ RECOMMEND APPROVAL _____

RECOMMEND DENIAL _____

ADDITIONAL RESTRICTIONS/REQUIREMENTS BY POLICE CHIEF:

POLICE CHIEF SIGNATURE: _____