

APPLICATION FOR A SIDEWALK CAFE PERMIT

APPLICANT INFORMATION

1. Applicant _____
Address _____ Zip Code _____
Telephone _____
2. Restaurant _____
Address _____ Zip Code _____
Telephone _____
3. Name of Manager _____

CORPORATION INFORMATION

If corporation, please complete the following:

1. Name corporation _____
Address of principal office _____
2. State of incorporation _____ Date of Incorporation _____
3. Name of registered agent _____
Address of registered agent _____

CURRENT LICENSE INFORMATION

1. Food dispensing license number _____ Date _____
2. Liquor license number _____
3. Are you licenses (food and liquor) currently valid? Yes No
4. Have you ever had a license revoked or suspended ? Yes No
If yes, explain _____

OPERATIONS PLANS

1. Number of waiter/waitress staff _____
2. Number of maintenance staff _____
3. Dates, days and hours of operation (including Saturdays, Sundays and holiday) _____

4. Total square footage to be occupied by sidewalk cafe _____
5. Seating capacity of proposed cafe _____

ADDITIONAL ATTACHMENTS REQUIRED

The following supplements must be attached to application.

1. Liability Insurance-Amount _____
Policy Number _____ (Attach Certificates of Insurance)
Insurer name _____
Address _____
2. Worker's Compensation Insurance-Amount _____
Policy Number _____ (Attach Certificates of Insurance)

- Insurer name _____
 Address _____
3. Employer's Liability Insurance-Amount _____
 Policy Number _____ (Attach Certificates of Insurance)
 Insurer name _____
 Address _____
4. Cafe location and layout plan to scale (attach two copies)

Signature of applicant or authorized agent _____
 Date _____
 Property owner or agent _____
 Name _____
 Address _____
 Signature _____

HOLD HARMLESS

To the fullest extent permitted by law, I/we, _____, applicant, agree(s) to defend, pay in behalf of, and hold harmless the City of Hastings, its elected and appointed officials, employees and volunteers, and others working in behalf of the City of Hastings against any and all claims, demands, suits, losses, including all costs connected therewith, for any damages which may be asserted, claimed or recovered against or from the City of Hastings, its elected and appointed officials, employees, volunteers or others working on behalf of the City of Hastings, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use therefore which arises out of or is in any way connected or associated with this Permit.

I/We, _____, have read the City of Hastings' Sidewalk Cafe Ordinance and agree to abide by the provisions contained therein. I/We understand that failure to comply with the provisions contained within the ordinance can be grounds for revocation of the sidewalk permit by the City without any recourse on my part or the part of my business partners or corporation.

Dated: _____

 Applicant

Dated: _____

 Applicant

STATE OF MICHIGAN)
) ss.
COUNTY OF BARRY)

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____.

Notary Public
Barry County, Michigan
My Commission Expires: _____

Inter-Office Use Only

Department of Public Works
Amount of pedestrian clear space _____
Approve _____ Do Not Approve _____
Comments _____

Fire Marshall
Seating capacity _____
Approve _____ Do Not Approve _____
Comments _____

Police Chief/Director of Emergency Services
Safety/Emergency concerns _____
Approve _____ Do Not Approve _____
Comments _____

Professional Code Inspections
Compliance with Building Code _____
Approve _____ Do Not Approve _____
Comments _____
