

Sidewalk Café Permit Program Guidelines and Checklist



who to contact	Licensing Division	Phone: 305-809-3959 PO Box 1409, Key West, FL 33040
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PLEASE READ ALL INSTRUCTIONS CAREFULLY

This form can be filled out by hand or via computer. (Applicant must have the latest version of Adobe Acrobat to complete the application electronically).

For questions, please call the Licensing Division at **305-809-3959**.

APPLICATION CHECKLIST

The following documents must be submitted with this application. Incorrect or missing information can delay or deny your application.

- Copy of valid City Business Tax Receipt
Copy of valid State Business License
- Copy of Commercial General Liability Insurance, on an annual basis
(See Application Instructions, Question 20)
- Photographs of the proposed sidewalk cafe equipment including tables and chairs. Include a brief description of materials. Requests for equipment modifications must be submitted in writing for approval.
- Copy of State Alcoholic Beverage License (if applicable)
- Copy of State Alcoholic Beverage Extension Approval (if applicable) (see Application Instructions, Question 23)
Copy of Alcoholic-License Liability Insurance (if applicable)
- Hold Harmless Agreement
- Affidavit of Non-Objection from adjacent businesses and property owner. (If also requesting cafe seating tables and chairs in front of adjacent business. Consent/affidavits must be kept current.)
- Site plan of Sidewalk Café; A drawing (to scale) providing proposed location of chairs, tables and any other equipment, dimensions of existing public ROW being used; location of trees, bushes trash receptacles, fire hydrants etc.; property lines; Must show the pedestrian pathway. Must show 4 feet clearance, etc. – see Application Instruction, Question 23.

FEES

ONE TIME APPLICATION FEE **\$100**

CAFE SEAT FEES (in addition to application fee)

Impact Fee (note 1).....\$592.20

MODIFICATION FEE (requested change to equipment or Café Seating layout) **\$50**

PLEASE NOTE

Insurance needs to be submitted annually.

Note (1): Impact fees are per approved seat and are a one-time only fee, billed over 7 years. If the City terminates the program a prorated impact fee refund would be applied to the applicant for the current year.

APPLICATION INSTRUCTIONS

SECTION A & B ■ BUSINESS INFORMATION

Applicant must complete all questions in this section. These sections should contain the business information and business owner contact information. Any incorrect or missing information can delay or deny your application.

SECTION C ■ PROPERTY OWNER INFORMATION

Applicant must complete all questions in this section. Any incorrect or missing information can delay or deny your application.

SECTION D ■ SEATING INFORMATION

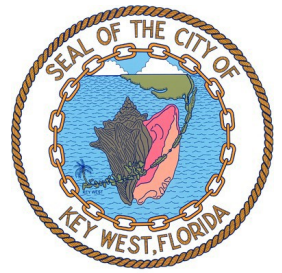
Applicant must complete all questions in this section. Any incorrect or missing information can delay or deny your application.

- Question 1** Enter the total number of existing interior and exterior seats.
- Question 2** Enter the number of the additional proposed outdoor café seats.
- Question 3** Enter the size (dimensions) of the proposed curb side tables. Be aware that tables with an orientation parallel to the sidewalk so no chairs will be placed in the pedestrian walkway or backing up to the parked vehicles.
- Question 4** Applicant must have current commercial general liability insurance in the amount of \$1 million and must name the city as an additional insured.
- Question 5** Enter your State Alcoholic Beverage License number. Be sure to provide a copy of your license with your application. (If applicable)
- Question 6** Be sure to provide a copy of your license with your application. (If applicable)
- Question 7** Applicant must have current alcoholic-license liability insurance in the amount of \$1 million and must name the city as an additional insured required.
- Question 8** Applicant must attach a site plan (drawing to scale) showing the layout and dimensions of the existing sidewalk area and adjacent private property, proposed location, size and number of tables, chairs, steps, planters, umbrellas, location of doorways, location of trees, bus shelters, sidewalk benches, trash receptacles, fire hydrants, signs, news racks and any other sidewalk obstruction either existing or proposed within the pedestrian area.
- Question 9** Applicant must submit photographs, drawings or manufacturers' brochures fully describing the appearance of all proposed tables, chairs, umbrellas, or other objects related to the sidewalk café. If aforementioned street furniture/equipment is to be exchanged, provide an updated application to the city.
- Question 10** Businesses cannot place sidewalk seats adjacent to other businesses without consent of the adjacent business owner. Applicant must provide an affidavit of non-objection from the adjacent property and business owner(s), consenting to the operation of the sidewalk café at that location. The affidavit must include the owner and operator's telephone number, mailing address and the property appraiser identification number.

PLEASE NOTE

Insurance needs to be submitted annually.

Sidewalk Café Permit Program Application



**who to
contact**

Licensing Division

Phone: 305-809-3959

PO Box 1409, Key West, FL 33040

Thank you for applying for a City of Key West Sidewalk Café Permit. The applicant may not add seating capacity to their business until a permit has been issued. Applicants must review the **Sidewalk Cafe Permit Guidelines and Checklist**. Incomplete applications will not be accepted and/or will be returned.

THIS APPLICATION IS FOR

New Renewal Seating Increase [café seats only]

PLEASE NOTE

Insurance needs to be submitted annually.

A. BUSINESS INFORMATION

1. Name of Business (DBA) _____

2. Business Site Address _____
STREET CITY STATE ZIP CODE

3. Business Email Address _____

4. Business Phone _____ 5. Business Fax _____

B. BUSINESS CONTACT INFORMATION

6. Contact Name _____

7. Contact Phone _____ 8. Email _____

C. PROPERTY OWNER INFORMATION

9. Owner Name _____

10. Owner Address _____
STREET CITY STATE ZIP CODE

11. Owner Phone _____ 12. Email _____

D. SEATING INFORMATION

13. Total no. of approved/existing interior seats _____

14. Total no. of approved/existing cafe seats _____

15. Total no. of proposed additional outdoor café seats _____

Note: Interior seats cannot be removed to increase cafe seating.

Sidewalk Café Permit Program **APPLICATION**

16. Are you adding additional outdoor equipment? Yes No
17. Total no. of proposed additional outdoor tables if Yes
18. Size of proposed outdoor tables
19. I have attached a copy of my Commercial General Liability Insurance in the amount of \$ 1 million dollars, naming the city as an additional insured party, and includes coverage of ROW. Yes No
20. State Alcoholic Beverage License no. Expiration date
21. Business Tax Receipt no.
22. I have attached a copy of my Alcohol-License Liability Insurance in the amount of \$1 million dollars, naming the city as an additional insured party. Yes No
23. I have attached a site plan (diagram/cafe seating layout) which depicts a four-foot pedestrian clearance which will be maintained at all times. Yes No
24. I have attached photographs of the proposed outdoor seating cafe furniture the business will be using. Yes No
25. Are the additional cafe seating tables going to be placed in front of adjacent businesses? Yes No
- PLEASE NOTE:** Letters of approval from each adjacent business must also be attached.

Sidewalk Café Permit Program **APPLICATION**

I hereby certify that the foregoing statements are true and correct to the best of my knowledge. I acknowledge receipt of the instruction sheets issued by the City of Key West regarding this application. I acknowledge that this business is governed by the City of Key West Code of Ordinances, and I am responsible for becoming familiar with the code and abiding by its requirements. I further understand that the submittal and approval of this form will require a new business certificate and payment of additional fees, including utility, business certificate, and sidewalk cafe permit fees. Pursuant to Code of Ordinances, Section 2-939, and as may be amended from time to time.

Applicant signature

Print name

Date

CITY USE ONLY (provide and attach comments)

Date Received.....Sidewalk Café License #

CODE COMPLIANCE

Approved? Yes No Sign-off _____

Date Received.....

LICENSING FINAL DETERMINATION

Approved Disapproved Total no. of approved café seats.....

Final Approval Date

Sidewalk Café Permit Program

HOLD HARMLESS AGREEMENT



who to contact	Licensing Division	Phone 305-809-3959 PO Box 1409, Key West, FL 33041-1409
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PLEASE NOTE: Insurance shall be submitted EACH YEAR.

1. Name of Business (DBA) _____

2. Business Site Address _____
STREET

_____ CITY STATE ZIP CODE

I, _____, agree to protect, indemnify, defend, save and hold harmless the City of Key West its officers and employees from any and all claims, liability, lawsuits, damages and causes of action which may arise out of the permit or the permittee's activity on the permitted premises.

Applicant signature Title

Print name Date

NOTARY USE ONLY

SUBSCRIBE AND SWORN BEFORE ME THIS _____ DAY OF _____, 20

Notary Public Signature _____

NOTARY SEAL

Print Name _____

My Commission Expires _____

Personally known or ID presented _____