



Permit# \_\_\_\_\_

Official Use Only

### APPLICATION FOR SIDEWALK CAFE PERMIT

PERMIT VALID FROM JULY 1<sup>ST</sup> - JUNE 30<sup>TH</sup>

APPLICATION IS HEREBY MADE FOR A REVOCABLE SIDEWALK CAFE PERMIT  
TO OPERATE A SIDEWALK CAFE IN ACCORDANCE WITH CHAPTER 5.19  
OF THE CITY OF WHITEWATER, WI CODE OF ORDINANCES

#### **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Current Zoning Classification: \_\_\_\_\_

#### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#### **DIRECTIONS**

Bring the following to the Department of Public Works window located on the second floor of the Whitewater Municipal Center on 312 W. Whitewater *Street*, Whitewater, WI 53190:

- o Completion of Application for Sidewalk Cafe Permit
- o Site Plan Layout ( to be reviewed by Neighborhood Services, Fire Department and Police Department).

- o Description of items to be placed outside (standards are on next page)
- o Copy of a current certificate of commercial liability insurance in the amount of at least \$100,000 per occurrence. Original Certificate of Comprehensive General Liability Insurance for at least \$100,000 which names the City of Whitewater as additional insured and covered area includes the sidewalk cafe
- o A copy of applicable valid Wisconsin Seller's Permit
- o A copy of applicable valid Alcohol Beverage License (only if alcohol is to be served)

**BASIC INFORMATION**

**\*\*WILL YOU BE SERVING ALCOHOLIC BEVERAGES?** Yes      No

*\*\*If you answered "Yes" you will have to change your Alcohol Beverage License to include the sidewalk cafe. Please contact the City Clerk to make the necessary arrangements before Alcoholic Beverages can be sold.*

**SITE PLAN LAYOUT SPECIFICATIONS**

- Must be to Drawn Neatly with Straight Lines and all items Labeled with sizes
- Must be on 8-1/2" X 11" paper
- Must depict existing sidewalk area and adjacent private property
- Must depict proposed sidewalk cafe with placement of:
  - o chairs
  - o tables
  - o planters
  - o umbrellas
  - o other items *to* be placed in sidewalk cafe
- Must depict existing trees, doorways, steps, parking meters, sidewalk benches, trash receptacles, light poles and any other sidewalk obstructions
- Must show 4 feet of unobstructed sidewalk for public use

**DESCRIPTION OF PLACED ITEMS OUTSIDE**

- Must have picture or description of all proposed
  - o tables
  - o chairs
  - o umbrellas
  - o barriers (fencing, planters)
  - o all other objects to be placed on sidewalk
- Description or picture must be accompanied by dimensions

## APPLICATION FOR A SIDEWALK CAFE PERMIT

In specific consideration for the City granting a sidewalk cafe permit to the applicant named below, the permit holder shall agree to pay, indemnify and hold harmless the City and their respective agents, guests, invitees and employees from all suits, actions, claims, demands, damages, losses and other reasonable expenses and cost of every kind and description including attorney's fees to which the City, or its officers, agents or employees may be subject to as a result of the grant of this permit.

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. In addition, that I have read, understand and will comply with Chapter 5.19, Sidewalk Cafe Permit, and all other applicable laws.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
City Permit Approved By                      Date

\_\_\_\_\_  
Print Name

**OFFICIAL USE ONLY**

City Council Approval.    Date \_\_\_\_\_ (circle one) Approved    Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_

To be filled out by Police Department. Date \_\_\_\_\_ (circle one) Approved    Disapproved

To be filled out by Neighborhood Services Director (circle one) Approved    Disapproved  
Date \_\_\_\_\_

Conditions/Restrictions/Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_