

# Application for: Sidewalk Eating Area



City of Independence  
City Manager's Office  
555 South Main Street  
PO Box 7  
Independence, OR 97351  
Ph: 503.838.1212  
Fax: 503.606.3282

Application is hereby made for a revocable permit to operate a Sidewalk Eating Area in accordance with Section 26-46 of the City of Independence Municipal Code.

Restaurant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ email: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Requirements

**For renewal of permit, if no changes to site plan**, please provide # 2 & #3. Provide #4 if applicable.

**For new permit applications**, please provide 1 – 3, and #4 if applicable.

**1. Scaled site plan.** Plans shall include the following information:

- The dimensions of the proposed eating area and distances to applicable streets, curbs and permanent landscaping;
- ADA clearances;
- Location of tables, chairs and waste receptacle

**2. Planned operation dates and daily hours of operation:**

- Planned dates: From: \_\_\_\_\_ To: \_\_\_\_\_
- Daily hours: From: \_\_\_\_\_ To: \_\_\_\_\_

**3. Insurance.** A Certificate of Insurance in an amount not less than \$500,000.00 **and** Endorsement naming the City as an Additional Insured.

**4. If alcohol is to be served:**

- a copy of your current OLCC license;
- a certificate of liquor liability coverage naming the City as an Additional Insured.
- a statement how the service of alcohol will be managed.

I shall hold the City of Independence, its officers, agents and employees free and harmless from any claims for damages to persons or property including legal fees and costs of defending any actions or suits thereon, including appeals therefrom, which may result from granting this permit.

Applicant Signature: \_\_\_\_\_  
(permit holder)

Date: \_\_\_\_\_

**Review:**

Comments:

\_\_\_\_\_  
Police Department

\_\_\_\_\_  
Review Date

Comments:

\_\_\_\_\_  
Community Development

\_\_\_\_\_  
Review Date

**Approval:**

Comments:

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Approval Date