



APPLICATION FOR
SIDEWALK EATING AREA

City of Independence
555 S. Main St./ P.O. Box 7
Independence, OR 97351
Phone 503-838-1212 / Fax 503-606-3282

OFFICE USE ONLY	
Date Received:	Permit #:
Received By:	Permit Fee: \$0.00
Date Issued:	Issued By:

RESTAURANT DETAILS

Name: _____
Address: _____

APPLICANT

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

**PROPERTY OWNER
(IF NOT APPLICANT)**

Name: _____
Signature: _____
Phone: _____ Cell: _____ Email: _____

PLANNED OPERATION DETAILS

Operation Dates From: _____ To: _____
Daily Hours From: _____ To: _____

REQUIRED SUBMITTALS

- | | |
|--|---|
| <p>(1) A site plan that shows the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The dimensions of the proposed eating area and distances to applicable streets, curbs and permanent landscaping. <input type="checkbox"/> American Disabilities Act clearances on sidewalks (5 feet of passable sidewalk must be maintained). <input type="checkbox"/> The location of tables, chairs and waste receptacles. <p>(2) If alcohol is to be served:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of your current OLCC license. <input type="checkbox"/> A certificate of liquor liability coverage naming the City as an additional insured <input type="checkbox"/> A statement of how the service of alcohol will be managed. | <p>(3) Insurance</p> <ul style="list-style-type: none"> <input type="checkbox"/> A Certificate of Insurance (public liability, food products liability and property damage insurance) and an endorsement naming the City as an additional insured. The insurance shall be in an amount not less than \$500,000 to protect the permittee and the city from all claims for damage to property or bodily injury, including death, which may arise from operations under or in connection with the permit. |
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SIGNATURE

I certify that the information submitted is true, and I have read the standards of this application.

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.

Authorized Signature: _____ Date: _____

Print Name: _____

DEPARTMENT REVIEW (OFFICE USE ONLY)

Police Department Comments:	Community Development Comments:	City Manager Comments:
Approval: _____ Date: _____	Approval: _____ Date: _____	Approval: _____ Date: _____