



DEVELOPMENT SERVICES DEPARTMENT
CITY OF *CORAL SPRINGS* FLORIDA

SIDEWALK CAFÉ PERMIT APPLICATION

DATE: _____

RESTAURANT/COMPANY

RESTAURANT/COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

OWNER'S NAME: _____

SIGNATURE OF OWNER / COMPANY AUTHORIZED SIGNATURE

PRINT NAME/TITLE

HOURS OF OPERATION: _____

WILL ALCOHOLIC BEVERAGES BE SERVED: YES NO

For City Use Only :

APPLICANT MUST PROVIDE:

1. _____ COPY OF VALID BUSINESS TAX RECEIPT
2. _____ PROOF OF INSURANCE
3. _____ HOLD HARMLESS AGREEMENT
4. _____ COPY OF VALID LIQUOR LICENSE (IF APPLICABLE)
5. _____ AESTHETICS (PHOTOS/BROCHURES OF FURNITURE, SAMPLES OF CLOTH AWNINGS/UMBRELLA MATERIAL)
6. _____ DIMENSIONED SITE DRAWING OR SURVEY SHOWING BUILDING, LOCATION OF SIDEWALKS, TABLES, CHAIRS & ENTRANCE/EXIT DOORS
7. _____ THE LOCATION AND TYPE OF OUTDOOR LIGHTING SHALL BE IDENTIFIED ON THE SITE PLAN. LIGHTING IS LIMITED TO WHITE BULBS ONLY AND SHALL ONLY BE PLACED WITHIN THE ESTABLISHED PERIMETER OF THE OUTDOOR DINING AREA. LIGHTING SHALL NOT BE USED FOR ADVERTISING OR TO DRAW ATTENTION FROM ADJACENT RIGHTS-OF-WAY. THE TYPE OF FIXTURE AND LOCATION OF LIGHTING SHALL BE CLEARLY DEPICTED ON THE SITE PLAN AND/OR SAMPLE PRODUCT BROCHURES.

Permit #: _____

Received by: _____

Date: _____

APPROVED: YES

NO

CONDITIONS: _____

***MAY BE SUBJECT TO REVIEW BY THE BUILDING DEPARTMENT**

Hold Harmless

_____ agrees to indemnify and hold the City of Coral Springs harmless and waive all claims against the City of Coral Springs for any loss, damage or injury of any kind or character whatsoever, sustained by any party whatsoever in connection with operating a sidewalk café on City owned property.

I HAVE CAREFULLY READ THE FOREGOING HOLD HAMLESS AGREEMENT AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS DOCUMENT AS MY OWN FREE ACT.

I expressly agree that this Hold Harmless is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

State of Florida
County of _____

On this, the _____ day of _____, 2011 before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by _____ (name of corporate officer), _____ (title), of _____ a _____ (state of corporation) corporation, on behalf of the corporation.

WITNESS my hand
and official seal

Applicant's name and signature

Notary Public, State of Florida

My Commission Expires: _____

Printed, typed or stamped name of Notary Public
exactly as Commissioned

Personally known to me; or
Produced identification
Type of ID: _____