

CITY of BELOIT

100 State Street, Beloit, WI 53511

Phone: (608) 364-6680 / Fax: (608) 364-6649

Application for Sidewalk Café License in Business Improvement District

For the Year: July 1, _____ to June 30, _____.

Applicants must provide all of the information and documentation requested on this application as well as provide a scaled drawing on the back of this form for review of your application. The Licensee is responsible for operation of the Sidewalk Café in compliance with all City codes and ordinances. A copy of Section 14.22 of the City of Beloit's Code of General Ordinances may be obtained from the City Clerk's office. Licensees found in violation of the code are subject to fines and/or revocation of a Sidewalk Café License.

1. **Name of Restaurant:** _____

2. **Address of subject property:** _____

3. **Property owner name:** _____ **Phone:** _____

(Address)

(City)

(State)

(Zip)

Property owner's signature: _____

Property owner's signature is required to indicate their approval of a sidewalk café being located in front of their property.

4. **Applicant's Name:** _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

5. **Daily hours of operation:** Sunday _____ to _____ p.m.

Monday _____ to _____ p.m.; Tuesday _____ to _____ p.m.; Wednesday _____ to _____ pm;

Thursday _____ to _____ p.m.; Friday _____ to _____ p.m.; Saturday _____ to _____ pm;

6. **Does applicant hold a valid retail alcohol beverage license?** YES NO

7. **Does applicant intend to serve alcoholic beverages in the Sidewalk Café?** YES NO

8. **Number of tables to be used:** _____

9. **Number of Chairs to be used:** _____

10. **List of other equipment to be located in the Sidewalk Café area:** _____

I do hereby make application for a Sidewalk Café License and I represent that the operation of this Sidewalk Café will not violate any applicable federal, state and local laws, ordinances, rules, and regulations. I also attest that all of the information contained in this application and on all accompanying documents is true and correct.

(Signature of Applicant)

(Print name)

(Date)

Scaled drawing to show layout of proposed Sidewalk Café

Scaled Drawing Below: (There must be 4' of unobstructed sidewalk for pedestrian access)

STORE FRONT (property line)

STREET CURB

Date complete application received in the City Clerk's office: _____

Is Insurance Certificate naming City of Beloit as Certificate holder adequate? _____

Is this application for a new Sidewalk Café license or a license renewal? _____

(If this is a new Sidewalk Café license application then photos or other documentation of all proposed furniture and equipment must be included.)

How many other Sidewalk Café Licenses have been issued? _____

Date copy of this application was provided to the Planning Director: _____

Is property located in the Business Improvement District? _____

Has a Conditional Use Permit been granted for this Sidewalk Café? _____

Date **Café Management and Review Committee** notified of application: _____

Meeting date of **Café Management and Review Committee**: _____

Date written decision of **Café Management and Review Committee** received by the Planning Director? _____

Date City Clerk issued Sidewalk Café License (or denied application): _____