

Sidewalk Café Permit Program Guidelines and Checklist



who to contact	Planning Department	ph 305-809-3725 PO Box 1409 Key West, FL 33040
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PLEASE READ ALL INSTRUCTIONS CAREFULLY

This form can be filled out by hand or via a computer. [Applicant must have the latest version of Adobe Acrobat to complete the application electronically.]

For questions, please call the Planning Department at **305-809-3725**.

APPLICATION CHECKLIST

The following documents must be submitted with this application. Incorrect or missing information can delay or deny your application.

- Copy of valid City Business Tax Receipt
- Copy of valid State Business License
- Copy of Commercial General Liability Insurance, on an annual basis (see Application Instructions, Question 20)
- Photographs of the proposed sidewalk cafe equipment including tables and chairs. Include a brief description of materials. Requests for equipment modifications must be submitted in writing for approval.
- Copy of State Alcoholic Beverage License (if applicable)
- Copy of State Alcoholic Beverage Extension Approval (if applicable) (see Application Instructions, Question 23)
- Copy of Alcoholic-License Liability Insurance (if applicable)
- Hold Harmless Agreement
- Affidavit of Non-Objection from adjacent businesses and property owner.
(If also requesting cafe seating tables and chairs in front of adjacent business. Consent/affidavits must be kept current.)
- Site plan of Sidewalk Café; A drawing (to scale) providing: proposed location of chairs, tables and any other equipment, dimensions of existing public ROW being used; location of trees, bushes trash receptacles, fire hydrants etc.; property lines; Must show the pedestrian pathway. Must show 4 feet clearance, etc. – see Application Instruction, Question 24.

FEES

ONE TIME APPLICATION FEE **\$100**

CAFE SEAT FEES (in addition to application fee)

Impact Fee (note 1).....**\$592.20**

MODIFICATION FEE (requested change to equipment or Café Seating layout) **\$50**

PLEASE NOTE

Insurance needs to be submitted annually.

Note (1): Impact fees are per approved seat and are a one-time only fee, billed over 7 years. If the City terminates the program a prorated impact fee refund would be applied to the applicant for the current year.

APPLICATION INSTRUCTIONS

SECTION A & B ■ BUSINESS INFORMATION

Applicant must complete all questions in this section. These sections should contain the business information and business owner contact information. Any incorrect or missing information can delay or deny your application.

SECTION C ■ PROPERTY OWNER INFORMATION

Applicant must complete all questions in this section. Any incorrect or missing information can delay or deny your application.

SECTION D ■ SEATING INFORMATION

Applicant must complete all questions in this section. Any incorrect or missing information can delay or deny your application.

- Question 1** Enter the total number of existing interior and exterior seats.

- Question 2** Enter the number of the additional proposed outdoor café seats.

- Question 3** Enter the size (dimensions) of the proposed curb side tables. Be aware that tables with an orientation parallel to the sidewalk so no chairs will be placed in the pedestrian walkway or backing up to the parked vehicles.

- Question 4** Applicant must have current commercial general liability insurance in the amount of \$1 million and must name the city as an additional insured.

- Question 5** Enter your State Alcoholic Beverage License number. Be sure to provide a copy of your license with your application. (if applicable)

- Question 6** Be sure to provide a copy of your license with your application. (if applicable)

- Question 7** Applicant must have current alcoholic-license liability insurance in the amount of \$1 million and must name the city as an additional insured required.

- Question 8** Applicant must attach a site plan (drawing, to scale) showing the layout and dimensions of the existing sidewalk area and adjacent private property, proposed location, size and number of tables, chairs, steps, planters, umbrellas, location of doorways, location of trees, bus shelters, sidewalk benches, trash receptacles, fire hydrants, signs, news racks and any other sidewalk obstruction either existing or proposed within the pedestrian area.

- Question 9** Applicant must submit photographs, drawings or manufacturers' brochures fully describing the appearance of all proposed tables, chairs, umbrellas, or other objects related to the sidewalk café. If aforementioned street furniture/equipment is to be exchanged, provide an updated application to the City.

- Question 10** **Businesses** cannot place sidewalk seats adjacent to other businesses without consent of the adjacent business owner. Applicant must provide an affidavit of non-objection from the adjacent property and business owner(s), consenting to the operation of the sidewalk café at that location. The affidavit must include the owner and operator's telephone number, mailing address and the property appraiser identification number.

PLEASE NOTE

Insurance needs to be submitted annually.

Sidewalk Café Permit Program Application



**who to
contact**

Planning Department

ph 305-809-3725 ■ PO Box 1409
Key West, FL 33041-1409

Thank you for applying for a City of Key West Sidewalk Café Permit. The applicant may not add seating capacity to their business until a permit has been issued. Applicants must review the **Sidewalk Cafe Permit Guidelines and Checklist**. Incomplete applications will not be accepted and/or will be returned.

For questions or comments, please contact the Planning Department at **305-809-3725**.

THIS APPLICATION IS FOR

New Renewal Seating Increase [café seats only]

PLEASE NOTE

Insurance needs to be submitted annually.

A. BUSINESS INFORMATION

1. Name of Business (DBA) _____

2. Business Site Address _____
STREET CITY STATE ZIP CODE

3. Business Email Address _____

4. Business Phone _____ 5. Business FAX _____

B. BUSINESS CONTACT INFORMATION

6. Contact Name _____

7. Contact Phone _____ 8. Email _____

C. PROPERTY OWNER INFORMATION

9. Owner Name _____

10. Owner Address _____
STREET CITY STATE ZIP CODE

11. Owner Phone _____ 12. Email _____

D. SEATING INFORMATION

13. Total no. of approved/existing interior seats _____

14. Total no. of approved/existing cafe seats _____

15. Total no. of proposed additional outdoor café seats _____

16. **Note: Interior seats cannot be removed to increase cafe seating.**

Sidewalk Café Permit Program

HOLD HARMLESS AGREEMENT



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PLEASE NOTE: Insurance needs to be submitted EACH YEAR.

1. Name of Business (DBA) _____

2. Business Site Address _____
STREET

CITY _____ STATE _____ ZIP CODE _____

I, _____, agree to protect, indemnify, defend, save and hold harmless the City of Key West its officers and employees from any and all claims, liability, lawsuits, damages and causes of action which may arise out of the permit or the permittee's activity on the permitted premises.

Applicant signature

Title

Print name

Date

NOTARY USE ONLY

SUBSCRIBE AND SWORN BEFORE ME THIS _____ DAY OF _____, 20

Notary Public Signature _____ NOTARY SEAL

Print Name _____

My Commission Expires _____

Personally known or ID presented _____

