Sidewalk Café Permit Program Guidelines and Checklist



who to contact

Planning Department

ph 305-809-3725 PO Box 1409 Key West, FL 33040

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.



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 sidewalkso 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 yourapplication. (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.

Sidewalk Café Permit Program Application



who to contact

Planning Department

ph 305-809-3725 ■ P0 Box 1409 Key West, FL 33041-1409

Insurance needs to be submitted annually.

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.

PLEASE NOTE

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

THIS APPLICATION IS FOR

New Renewal Seating Increase [café seats only]

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 F	AX		
3. 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				
D. SEATING INFORMATION	12. Lindii			
13. Total no. of approved/existing interior seats				
13. Totarrio. or approved/ existing interior seats				
14. Total no. of approved/existing cafe seats				
15. Total no. of proposed additional outdoor café seats	i			
16. Note: Interior seats cannot be removed to increase	e cafe seating.			

17. Are you adding additional outdoor equipment?	Yes	No			
18. Total no. of proposed additional outdoor tables					
19. Size of proposed outdoor tables					
20. I have attached a copy of my Commercial General Li million dollars, naming the city as an additional insu	•			Yes	No
21. State Alcoholic Beverage License No.			Expiration date		
22. Business Tax Receipt No.			Expiration date		
23. I have attached a copy of my Alcohol-License Liabilit	y Insurano	ce			
in the amount of \$1 million dollars, naming the city	as an add	itional insured	l party.	Yes	No
24. I have attached a site plan (diagram/cafe seating lag pedestrian clearance which will be maintained at all		h depicts a fo	ur-foot	Yes	No
25. I have attached photographs of the proposed outdoo cafe furniture the business will be using.	or seating			Yes	No
26. Are the additional cafe seating tables going to be placed in front of adjacent businesses? PLEASE NOTE: Letters of approval from each adjacent business must also be attached.				Yes	No

I hereby certify that the foregoing statements are true and correct to the best of my knowledge. I acknowledge receipt of the instruction sheets issued by the City of Key West regarding this application. I acknowledge that this business is governed by the City of Key West Code and I am responsible for becoming familiar with the code and abiding by its requirements. I further understand that the submittal and approval of this form will require a new business certificate and payment of additional fees, including utility, business certificate, and sidewalk cafe permit fees. Pursuant to Code of Ordinances, Section 2-939, and as may be amended from time to time.

Applicant signature	Print name	Date
CITY USE ONLY (provide and att	ach comments)	
Date Received	Sidewalk Café License #	
FIRE-RESCUE		
Date Received	Approved? Yes No	Sign-off
PLANNING DEPARTMENT/HARC		
Date Received	Approved? Yes No S	Sign-off
CODE COMPLIANCE		
Date Received	Approved? Yes No	Sign-off
ENGINEERING		
Date Received	Approved? Yes No S	gn-off
LICENSING FINAL DETERMINATION	Approved Disapproved	Total no. of approved café seats

Sidewalk Café Permit Program HOLD HARMLESS AGREEMENT



who to contact

Planning Department

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

PLEASE NOTE: Insurance needs to be submitted EACH YEAR.

1. Name of Business (DBA	7							
2. Business Site Address _	STREET							
-	CITY			STATI	Ξ	ZIP CODE		
I,		,	agree to	protect,	indemnify,	defend, sa	ive and	holo

causes of action which may arise out of the permit or the permittee's activity on the permitted premises.

Title
Date
, 20
NOTARY SEAL