

**City of Fort Lauderdale
Utility Billing and Collections
Business Tax Office**

APPLICATION FOR A SIDEWALK CAFÉ PERMIT
Code of Ordinances City of Fort Lauderdale - Chapter 25 Article VII

DATE: _____ PERMIT NUMBER: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

OWNER OF BUILDING CONSENT

OWNER NAME: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

I _____, OWNER OF THE PROPERTY LOCATED AT
_____, FORT LAUDERDALE HEREBY CONSENT
TO ALLOW _____ TO APPLY FOR A
PERMIT TO OPERATE A SIDEWALK CAFÉ AT THE ADDRESS LISTED ABOVE.

SIGNATURE: _____ DATE: _____

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this ____ day of
_____ 20__, by _____, as _____,
of _____ a _____. Who are
personally known to me or have produced _____ as
identification.

(SEAL)

Notary Public, State of Florida (Signature
of Notary taking Acknowledgment)

Name of Notary Typed, Printed or Stamped

My Commission Expires: _____

Commission Number: _____

REQUIRED ATTACHMENTS

- ρ **Copy of valid Business Tax Receipt to operate a restaurant on the property adjacent to the sidewalk area**
- ρ **A drawing (minimum scale of one-fourth (1/4) inch equals one (1) foot showing the layout and dimensions of the existing sidewalk area and adjacent private property including the structures located thereon, proposed location, size and number of tables, chairs, umbrellas, location of doorways, location of trees, parking meters, bus shelters, sidewalk benches, trash receptacles, landscaping, utility boxes, poles, guidelines and other sidewalk obstruction either existing or proposed within the sidewalk area. (A copy of these drawings and the application package must be available for review on premises at all times.)**

REQUIRED ATTACHMENTS

- ρ Photographs, drawings or manufacturers' brochures fully describing the appearance of all proposed tables, chairs, umbrellas or other objects relating to the sidewalk café.
- ρ A plan for maintenance and cleaning of: the sidewalk area where the tables and chairs are permitted to be located; the tables and chairs; any trash or food on or about the tables and chairs or sidewalk; and the disposal of any trash or debris generated from the operation of the sidewalk café. (Cleaning of the cafe area shall include pressure cleaning the sidewalk at least one (1) time monthly. The plan must also indicate how the wash-down will be performed without creating runoff and/or water accumulation on the streets or in the gutters.)
- ρ Any permits or approvals required from any other governmental agency necessary to operate a sidewalk café.
- ρ Copy of current liability insurance. Public liability, food products liability and property damage insurance for the benefit of the city insuring and indemnifying the city from all claims and damage to property or bodily injury, including death, which may arise from operations under the permit or in connection therewith. If located on a state road then Florida Department of Transportation also needs to be listed as an additional insured. Such insurance shall provide coverage of not less than one million dollars (\$1,000,000.00) for bodily injury and property damage respectively per occurrence. Such insurance shall be without prejudice to coverage otherwise existing therein and shall name as additional insured the city, its officers and employees, and shall further provide that the policy shall not terminate or be cancelled prior to completion of the permit period without forty-five (45) days written notice to the risk management division of the department of finance and the director
- ρ Application fee (non-refundable) of \$100.00 (Resolution 97-111).

NOTICE: This permit shall be personal to the permittee only and shall not be transferable in any manner.

The information provided is complete and true to the best of my knowledge. I have read the requirements of Chapter 25 Article VII and fully understand all the provisions for a sidewalk café. I further understand the permit may be denied, revoked or suspended for any violation outlined in Chapter 25 Article VII.

SIGNATURE OF APPLICANT: _____

STATE OF FLORIDA:
COUNTY OF BROWARD:

The foregoing instrument was acknowledged before me this ____ day of _____ 20__, by _____, as _____ of _____ a _____. Who are personally known to me or have produced _____ as identification.

(SEAL)

Notary Public, State of Florida (Signature of Notary taking Acknowledgment)

Name of Notary Typed, Printed or Stamped

My Commission Expires: _____

Commission Number: _____