



BOROUGH OF DOYLESTOWN
10 DOYLE ST., DOYLESTOWN, PA 18901
215-345-4140
SIDEWALK DINING LICENSE APPLICATION
Valid April 1st through November 30th

APPLICANT INFORMATION:

APPLICANT NAME: _____

SIDEWALK DINING ADDRESS: _____

NAME OF BUSINESS: _____

CONTACT PHONE #: _____

PROPERTY OWNER: _____

PROPERTY OWNER PHONE #: _____

I hereby grant my consent to sidewalk dining at the above property between the dates of April 1st through November 30th.

OWNER SIGNATURE: _____

DESCRIPTION OF AREA TO BE USED AS SIDEWALK DINING: _____

Attach a scale drawing of the area to be used showing the dining area in relation to buildings, alleyways, and sidewalks. Give all dimensions including dimensions of the dining area, building frontage, and distance from curbs.

Number of tables: _____ (\$100.00 Base Fee) + Number of chairs: _____ (\$25/Per Seat)

(Please note: A 48" clear sidewalk traffic area **must** be maintained at all times)

Attach a Certificate of Insurance providing at least \$1,000,000 of Comprehensive Liability extending premises coverage to all activities associated with sidewalk dining and listing the Borough of Doylestown as an additional insured with respect to such activities.

Applicant hereby acknowledges and agrees that upon approval of this request for a sidewalk dining area abutting the above-named premises, it will indemnify and hold harmless the Borough, its agents, servants, workmen, and employees, from any and all claims arising out of the location, occupancy, and/or use of the said area by applicant and applicant's guests and business invitees. Applicant further agrees that a Certificate of Insurance evidencing the existence of a policy of public liability insurance with an insurance company, authorized to do business in Pennsylvania, covering the location, occupancy, and use of the sidewalk dining area for sidewalk dining in the amount of not less than \$1,000,000 naming the Borough as an insured party, shall be maintained at in full force and effect at all times during the term of sidewalk dining, at the sole cost and expense of the applicants.

Applicant Signature: _____

APPROVED:	FEE PAID:
DENIED:	CASH/CHECK/CREDIT
DATE:	DATE: