

Application for Sidewalk Cafe Permit

City of Tampa
Planning & Urban Design Division
Transportation Planning Section
1400 North Boulevard, 3rd Floor
Tampa, FL 33607
(813) 274-3100, Option 4



Please complete, assemble, and submit a PDF file of your application [via email](#), with all supporting documentation to:
sidewalkcafepermits@tampagov.net

INSTRUCTIONS

REQUIRED DOCUMENTS

Please include the following documents with your application:

1. Detailed site plan TO SCALE (Engineering scale).

Please see the attached example plan with required clear distances between objects.

This site plan is **REQUIRED** to show the following:

- Show ALL public improvements (drawn to scale with dimensions) including but not limited to: benches, fire hydrants, fire connections on building (FDC), existing exits to building, landscaping, curbs, parking meters, newspaper boxes, edge of street, and any utilities (poles or other structures), etc.
 - Relationship of sidewalk café to adjacent existing building and entrance location.
 - Exact dimensions of proposed sidewalk café.
 - Proposed use, materials, colors, and design (photograph or catalog cut).
 - Show dimensions for distance(s) of tables to adjacent objects listed above **and** other tables. **See the attached standards for examples.**
 - Show dimensions for and location of proposed pedestrian circulation pattern. **Pedestrian path must be clearly delineated with a dashed line that maintains a MINIMUM of 4'-0" in continuous width.**
2. Copy of valid City BusinessTax Receipt for use permitted in association with a sidewalk cafe.
 3. Executed Certification of Insurance (on ACORD form). **Please see attached sample for correct minimum coverage amounts and notes that are REQUIRED. Please note that requests associated with alcoholic beverage sales MUST include the required coverage levels for LIQUOR LIABILITY.**
 4. Check made payable to **City of Tampa** for **\$300.00**.
 5. A Café **MAY** extend in one direction past the edge of the property line of the building to exist in front of another property. In order to allow this, the adjacent property owner must furnish a signed and notarized letter giving their consent for such use, placement, and time frame. This authorization must include acknowledgement that the City shall be provided notice of any revocation of that consent by registered mail, return receipt requested, within five (5) business days, and that the City shall be held harmless from any and all liability arising out of the issuance of a Sidewalk Café Permit in that location.

If you have any questions, please contact us at:

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sidewalkcafepermits@tampagov.net
http://www.tampagov.net/dept_planning

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Date Rec'd: _____ Rec'd By: _____

Application Number: _____

Receipt # /Amount Paid: _____

New Permit? Renewal?

EXHIBIT A

Chapter 22, Article I, Division III, Section 22-224, City of Tampa Code, requires that a permit shall be obtained in order to lawfully operate a sidewalk cafe within the public right-of-way, within the City of Tampa. Permits are valid for up to one (1) year, between July 1 and June 30 of the following year, subject to compliance with applicable conditions and insurance requirements. Permits shall only be issued for restaurants and retail shops, as defined in Chapter 27, City of Tampa Code.

PROPERTY OWNER'S INFORMATION

Name(s): _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: _____
Fax Number: _____
email address: _____

BUSINESS CONTACT / APPLICANT'S INFORMATION

Name(s): _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone Number: _____
Fax Number: _____
email address: _____

BUSINESS INFORMATION

Business Location Address (List all): _____
Alcoholic Beverage Sales Proposed w/Cafe Permit? _____ Approved Alcoholic Beverage Permit /Case #: _____
Approved Alcoholic Beverage Classification (if applicable): _____
Hours of Operation for SW Cafe: _____
SW Cafe Expanded in Front of Another Business? _____ Number of Tables: _____ Umbrellas/Canopies? _____

I, THE UNDERSIGNED PROPERTY OWNER/AGENT, HEREBY CERTIFY THAT I HAVE REVIEWED THE APPLICATION, SITE PLAN, AND CITY CODE CONDITIONS RELATED TO A SIDEWALK CAFE PERMIT. FURTHERMORE, I HEREBY AGREE TO ADHERE TO CITY REQUIREMENTS FOR A SIDEWALK CAFE PERMIT & AUTHORIZE THIS APPLICATION TO BE SUBMITTED TO THE CITY FOR CONSIDERATION OF SUCH. SHOULD ANY INSPECTIONS OF MY PROPERTY BE NECESSARY THROUGH THE NORMAL COURSE OF THE CITY'S REVIEW OF THIS PERMIT, I HEREBY ALLOW CITY REPRESENTATIVES TO ACCESS MY PROPERTY FOR RELATED INSPECTIONS.

Signature (Business Owner/Agent): _____

Printed Name (Business Owner/Agent): _____

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PERMIT CONDITIONS

EXHIBIT B

Applicant Name(s) [Business Owner/Operator/Agent]: _____

All permits shall be temporarily suspended and the Sidewalk Cafe removed by the permittee upon declaration of a state of emergency, or upon the issuance of a tropical storm, hurricane, or other inclement weather warning and shall stay suspended until the state of emergency or warning is lifted. Violation of this section may result in a fine of up to five hundred dollars (\$500.00). The City may remove all or parts of the Café in an emergency situation. Any and all costs incurred shall be the responsibility of the Permittee.

Subject to reasonable notice, a permit may be temporarily suspended for a Special Event or Maintenance that will include the Right-of-Way permitted for the Sidewalk Cafe. Said notice will identify the date, time, and location of the special event as well as the duration of suspension, which will not exceed the period of the special event or maintenance activities.

This permit may be revoked if it is found to be issued by mistake of law or fact, if it was issued upon false statement or misrepresentation by the applicant, or if the Sidewalk Cafe is not operated in accordance with the approved site plan submitted or requirements of Chapter 22 of the City of Tampa Code.

This permit is NON transferable.

Special Use permit is required to serve alcoholic beverages at the Sidewalk Café and is entered here: Special Use Number _____ or Ordinance No. _____.

Chairs and tables must be removed daily when the restaurant is closed.

I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALL INFORMATION HEREIN IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature
(Business Owner/Agent): _____

(Printed Name): _____

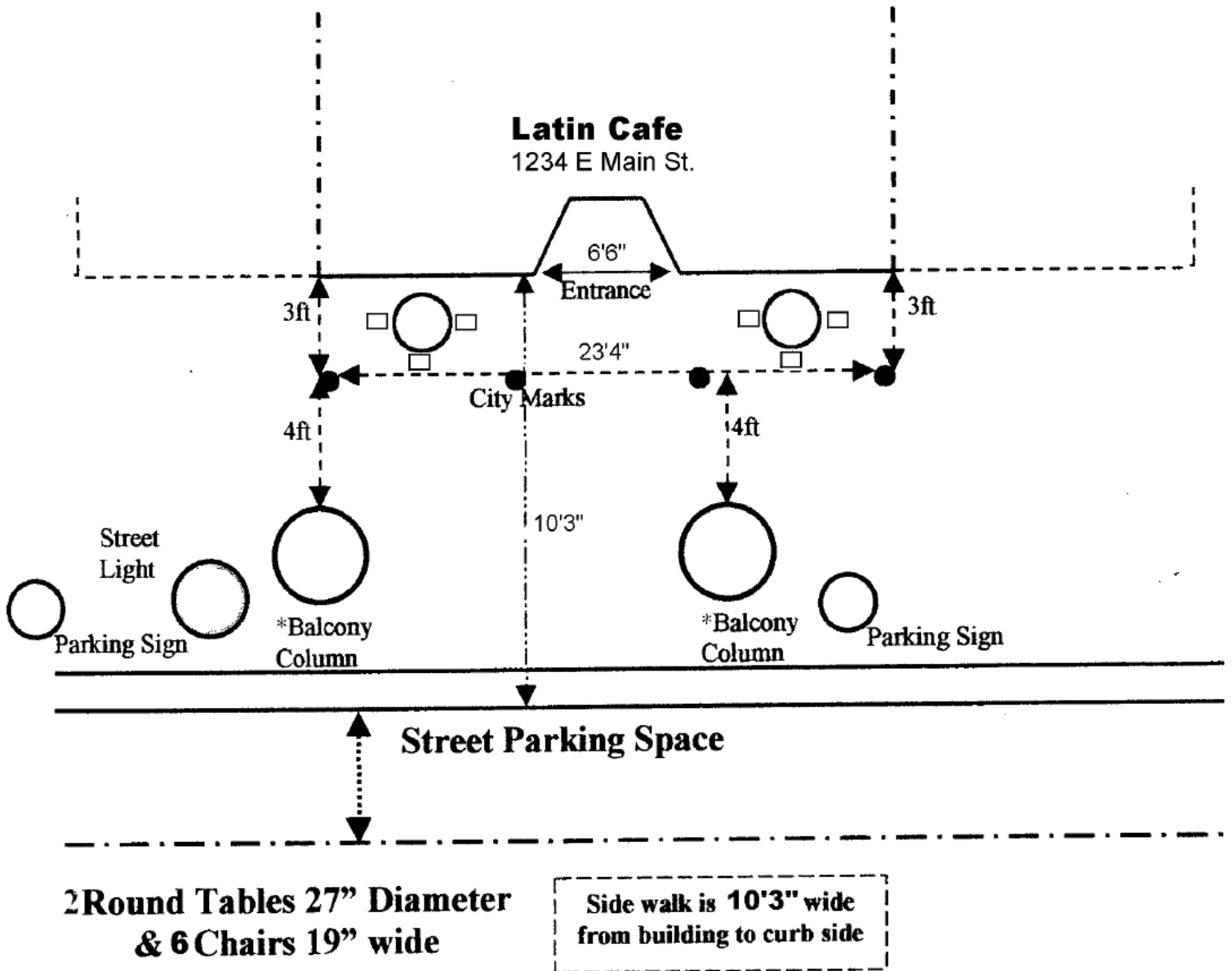
Sworn to and subscribed on this date: (Enter date here): _____

Identification or personally known: _____

Notary Signature: _____

Commission Expiration (Stamp or date): _____

Sample Layout - PLAN MUST BE DRAWN TO ENGINEER'S SCALE



ACORD

TM

CERTIFICATE OF LIABILITY INSURANCE

August 1, 2008

PRODUCER

ABC Insurance Agency
1234 Insurance Street
Tampa, FL 33602
555-555-1212

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	A.M. Best B+ VII or Better Insurance Carrier
COMPANY B	A.M. Best B+ VII or Better Insurance Carrier
COMPANY C	A.M. Best B+ VII or Better Insurance Carrier
COMPANY D	A.M. Best B+ VII or Better Insurance Carrier

INSURED

ABC Contractor
9873 Contractor Street
Tampa, FL. 33606

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENTS, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	123456789	01/01/08	01/01/09	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTORS PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Per Project Agg _____				FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT
	ANY AUTO				BODILY INJURY (Per Person)
	ALL OWNED AUTOS				BODILY INJURY (Per Accident)
	SCHEDULED AUTOS				PROPERTY DAMAGE
	HIRED AUTOS				
	NON-OWNED AUTOS				

	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT
	ANY AUTO				OTHER THAN AUTO ONLY:
	_____				EACH ACCIDENT
					AGGREGATE
	EXCESS LIABILITY				EACH OCCURRENCE
	UMBRELLA FORM				AGGREGATE
	OTHER THAN UMBRELLA FORM				Retention:
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER
					EL EACH ACCIDENT
	THE PROPRIETER/PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE-POLICY LIMIT
	<input type="checkbox"/> INCL				EL DISEASE-EA EMPLOYEE
	<input type="checkbox"/> EXCL				
	LIQUOR LIABILITY	123456789	01/01/08	01/01/09	Per Occurrence \$1,000,000 / Aggregate \$2,000,000

The City of Tampa is named as an Additional Insured as respect to the General Liability insurance coverages as required by written contract.

CERTIFICATE HOLDER

City of Tampa
C/O Periculum Services Group
Planning Division/Transportation Planning
PO Box 257
Portland, Michigan 48875-0257
(517) 647-1700

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE**JOSEPH SAMPL E**