

Email: permits@escanaba.org

Mail: Community Development Dept., PO Box 948, Escanaba, MI 49829

In Person: 410 Ludington Street, 2nd Floor

Permit # _____

Permit Date _____

Permits expire at the end of the calendar year and must be applied for annually.

City of Escanaba

OUTDOOR DINING PERMIT APPLICATION

Updated 04/01/19

Permit applications must be submitted at least **45 days** prior to the proposed installation date.

BUSINESS OWNER/APPLICANT INFORMATION

Business Name _____ Contact Person _____

Address _____ City, State, ZIP _____

Phone _____ Email _____

BUILDING OWNER INFORMATION (If different than above, complete this section & owner authorization form.)

Name of Owner _____

Address _____ City, State, ZIP _____

Phone _____ Email _____

OUTDOOR SEATING PLAN INFORMATION

Seating Area Total Sq. Ft. _____ Seating Area Dimensions _____

List all equipment to be used (# of tables, chairs, umbrellas, railings, posts, etc.)

****Please provide a sketch plan drawing on the next page****

ADDITIONAL REQUIRED INFORMATION

Hours of Operation		
	Yes	No
I have attached the <u>required</u> copy of a general liability insurance policy in the minimum amount of One Million Dollars (\$1,000,000) naming the City of Escanaba as an additional insured.		
Will any equipment be left out overnight? <i>If yes, please list:</i>		
Will alcohol be served in the outdoor seating area? <i>(If yes, City Council approval is required, as well as State of MI Liquor Control Commission approval.)</i>		

CERTIFICATION & SIGNATURE

I certify that I have read and understand the entire City of Escanaba policy on "Sidewalk Use Regulations" and will comply with all requirements therein.

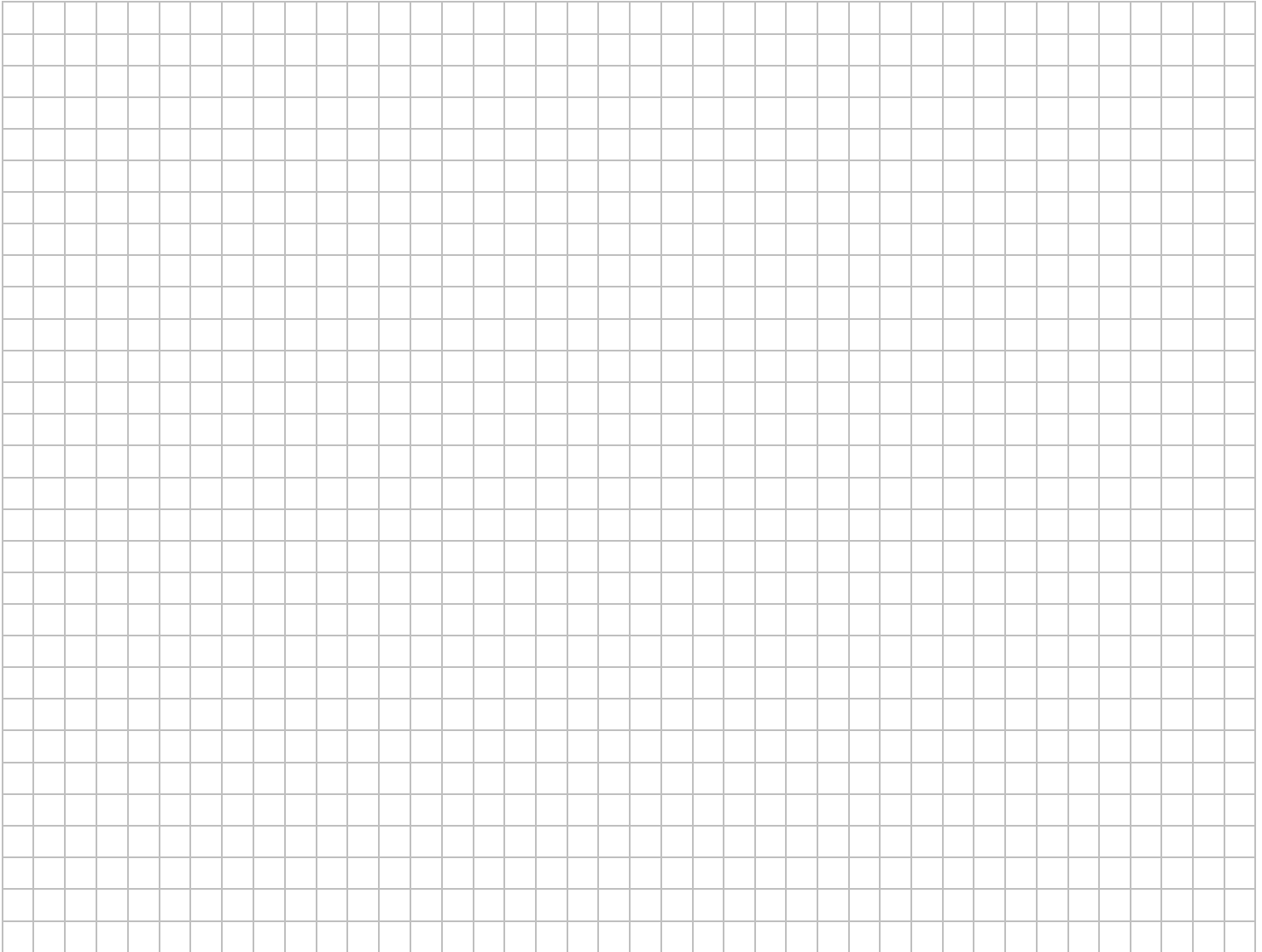
Applicant Name _____

Applicant Signature _____ Date _____

OUTDOOR DINING PERMIT SKETCH PLAN DRAWING

Please include:

- Building face location & entry location
- Measurements for proposed usage area & unobstructed pedestrian walkway
- All furnishings/equipment to be used (tables, chairs, railings/barriers, posts)
- Any items already located "furnishings" area (2 ft. from the curb), such as lamp posts, benches, etc.



FOR OFFICE USE ONLY				
	Approval/Denial		Decision by:	Date
Public Safety Dept.	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
Comments				
DDA	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
Comments				
City Manager/ City Council	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
Comments				

LETTER OF AUTHORIZATION TO OBTAIN OUTDOOR SEATING PERMISSION

All applications for outdoor seating must be submitted to the City of Escanaba for review and approved per ordinance. The purpose of this form is to authorize an outside party to obtain permission for outdoor seating on behalf of the property owner. By authorizing this letter, the property owner fully understands complete ordinance compliance is the ultimate responsibility of the property owner.

DATE: _____

To Whom It May Concern:

I, _____, as the owner of the property listed as _____, Escanaba, MI 49829 do authorize _____, to obtain outdoor seating permission for the above referenced property on my behalf.

Owner Signature: _____ Date: _____

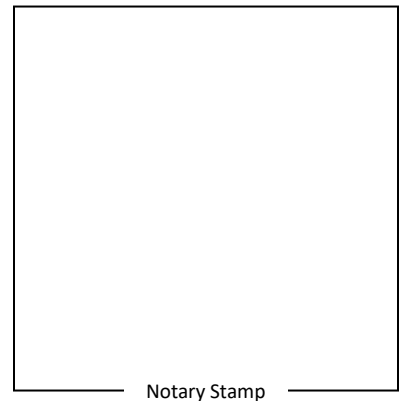
Phone Number: _____

Email Address: _____

Sworn and subscribed to before me this _____ day of _____, 20____ and being personally known to me as _____ .

Notary Public

My commission expires: _____,
for Delta County, MI.



Notary Stamp