

**CITY OF ITHACA – Superintendent of Public Works**

108 East Green Street, Suite 202, Ithaca, N.Y. 14850 Phone: (607) 274-6527 Fax: (607) 274-6587

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**APPLICATION FOR OUTDOOR DINING PERMIT  
2019-20**

Contact Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
(if different)

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permit Type:  Annual (\$1.76/sq. ft.)  Seasonal (\$1.46/sq. ft.)

Application Fee:  \$100 New Applicant  \$50 Returning Applicant

Square Footage of Dining Area Requested: \_\_\_\_\_ Permit Fee Amount: \$ \_\_\_\_\_

Requested Dining Hours: Start Time \_\_\_\_\_ AM/PM Finish Time \_\_\_\_\_ AM/PM

Will Alcohol be Served?  Yes  No If Yes, Common Council approval is required!

(Please contact the City for the deadline to submit requests for the next Common Council Meeting.)

**All documentation listed below MUST be submitted to the Superintendent of Public Works' Office, including the Mobile Vending Application, and fees in order for application to be considered complete.**

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*\***

**Required Documentation:**

Check off the documents that are included in the application packet at the time it is submitted:

- Application Fee for outdoor dining permits.
- "Use Fee" based upon the square footage of the dining area in accordance with Chapter 170 of the City Code. Fees are payable to the City of Ithaca by cash or check at the time the completed Outdoor Dining Application and required paperwork are submitted to the Office of the Superintendent of Public Works.
- A certificate of liability insurance in an amount to be determined but in no case shall it be less than \$1,000,000.00. It must also name the City of Ithaca as an "**Additional Insured**".
- A certificate of liquor liability insurance in the amount of at least \$1,000,000 naming the City of Ithaca as "**Additional Insured.**"

- Proof of Workers' Compensation Insurance. New York State forms C105.2 and U-26.3 are acceptable proofs of coverage. Contact New York State Workers' Compensation Board at 1-866-802-3604 or visit their website at [www.wcb.state.ny.us](http://www.wcb.state.ny.us) with questions.
- Proof of Disability Insurance on New York State Form #DB120.1.
- If new applicant, sketch of the proposed outdoor dining area, with dimensions showing the total length and width of the dining area. Show the storefront, curb, dining area, and other important items (i.e. trees, fire hydrants, etc.).

**I, the undersigned Applicant, have read and understand the Operating Guidelines listed in the "Outdoor Dining Information Packet" regarding dining areas, the sale of alcohol on City property, hours of operation, outdoor smoking regulations, as well as the requirements for obtaining an outdoor dining agreement with the City of Ithaca, and agree to abide by them.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Required Documentation Received?**

- Yes  No, waiting for: \_\_\_\_\_
- Common Council Approval on \_\_\_\_\_ (date)

**APPLICATION APPROVAL:**

Application Fee of \$100 or \$50.00 paid on \_\_\_\_\_ (date) by cash or check # \_\_\_\_\_ (circle one)

Use Fee of \$ \_\_\_\_\_ paid on \_\_\_\_\_ (date) by cash or check # \_\_\_\_\_ (circle one)

**AGREEMENT APPROVAL:**

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

City Attorney Approval Date: \_\_\_\_\_ Superintendent Approval: \_\_\_\_\_

Date mailed to Applicant: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

**END OF SEASON/PERMIT**

Site Inspection by Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection:  Passed  Failed If site fails inspection, a security deposit and a written waste disposal plan is required for each additional Outdoor Dining Permit, in addition to the application and use fees.

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the Superintendent of Public Works