



# CITY OF ITHACA OUTDOOR DINING APPLICATION

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## APPLICATION FOR OUTDOOR DINING PERMIT 2023-24

Date Submitted: \_\_\_\_\_:

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

### TERM

*(Please check applicable box)*

- Annual Permit (April 1, 2023-March 31, 2024, except during special events)
- Seasonal Permit (April 1, 2023-October 31, 2023, except during special events)

### FEES

*(Please check applicable boxes)*

#### **Application Fee**

- New Vendor \$100 Application Fee
- Returning Vendor \$50 Application Fee

#### **Permit Fees**

- Annual Permit Charge—\$1.80/Square Foot
- Seasonal Permit Charge—\$1.50/Square Foot

### SERVICE AREA

Square Footage of Dining Area Requested:

\_\_\_\_\_

### HOURS

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.

#### Fee Calculator

Security Deposit: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

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Applications must include all required documentations and fees in order to be considered complete.

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

## **REQUIRED DOCUMENTATION**

Check off the documents that are included in the application packet:

- Application Fee for outdoor dining permits
- Use Fee” based upon the square footage of the dining area in accordance with Chapter170 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.
- 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.).

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**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  if no, waiting for: \_\_\_\_\_

Common Council Approval: \_\_\_\_\_

**Application Approval:**

Application Fee \$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:**

Staff Approval by: \_\_\_\_\_ date: \_\_\_\_\_

City Attorney Approval: \_\_\_\_\_ date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ date: \_\_\_\_\_

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

**End of Season Inspection:**

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:** \_\_\_\_\_  
Superintendent of Public Works

\_\_\_\_\_  
Date