



Downtown Outdoor Dining Application
Planning Department • 166 Lincolnway • Valparaiso, IN 46383

OFFICE USE ONLY:

Date Received:

Inspection Date:

Approval Date:

BUSINESS INFORMATION:

TYPE OR PRINT IN INK:

Name of Restaurant/Business: _____

Address of Location of Proposed Outdoor Dining Establishment: _____

Business Mailing Address: _____

APPLICANT INFORMATION:

Applicant Name: _____ Relationship to Business:

Address: _____ ☐ Property Owner ☐ Business Owner

_____ ☐ Manager ☐ Other: _____

_____ Email: _____

_____ Phone #: _____

CONTACT PERSON INFORMATION:

☐ SAME AS APPLICANT

Contact Person: _____ Relationship to Business:

Address: _____ ☐ Property Owner ☐ Business Owner

_____ ☐ Manager ☐ Other: _____

_____ Email: _____

_____ Phone #: _____

OTHER INFORMATION:

Name of Liability Insurance Provider: _____ Insurance Expiration Date: _____

Business has State of Indiana Alcoholic Beverage License: ☐ Yes ☐ No

PLEASE INCLUDE THE FOLLOWING ITEMS IN YOUR APPLICATION SUBMITTAL:

☐ SAME SETUP AS

☐ Completed Application ☐ Proof of Liability Insurance ☐ Hold Harmless Agreement

PREVIOUS YEAR :

☐ Site Plan; Proposed Location of Outdoor Dining Area with Measurements/Setbacks

☐ Photos of Barriers, Planters, Furniture, Umbrellas; Include Colors/Materials Used

*** An inspection must be scheduled to ensure the Standards and Conditions are met and to address any concerns***

I have read and understand the Board of Works Downtown Outdoor Dining Policy including the applicable penalty and violations provisions. I further understand and agree that permission for use of public right of way is a privilege that can be revoked by the City up to and including removal of elements of the outdoor dining establishment and/or appropriate legal action if I am found to be in violation.

Signature of Applicant: _____ Date: _____