



APPLICATION FOR SIDEWALK CAFÉ

A sidewalk café is any group of tables and chairs, and its authorized decorative and accessory devices, situated and maintained upon the public sidewalk for use in connection with the consumption of food and beverages sold to the public from, or in, an adjoining indoor restaurant. (See Municipal Code Section 22.32) **

** Alcoholic beverages may only be served at Sidewalk Cafés pursuant to a valid liquor control license. Additional requirements must be met for alcohol service (see Municipal Code Section 22.32 (C).) **

Address of Sidewalk Café _____

Restaurant Name _____

Applicant's Name _____ Phone _____

Email _____

Mailing Address _____

City _____ State _____ Zip Code _____

Where will the tables and chairs be stored when the Sidewalk Café is not open?

(According to Fire Codes, the tables and chairs may not be stored in the interior of the restaurant in such a manner as to block exits, aisles, or other pathways.)

Number of Tables _____ Number of Chairs _____

Please provide a detailed sketch showing the following:

Accurate dimensions of the width of the adjacent building, the depth of the sidewalk, and the area of the proposed Sidewalk Café

All tables and chairs and barriers delineating the perimeter of the Sidewalk Café

Designated bus stops within eight (8) feet of the Sidewalk Café

Any street intersections within 20 feet of the Sidewalk Café

Any parking meters and/or planters

Fee Required: \$35.00

INSURANCE REQUIREMENTS A certificate of insurance must be on file in the office of the Ames City Clerk before a license shall be issued. Comprehensive General Liability with limits of no less than \$500,000 combined single limit per occurrence for bodily injury, personal injury and property damage. The City of Ames must be named as additional insured and a copy of the current insurance certificate shall be maintained on file with the City Clerk.

Applicant Signature _____ Date _____

Please return completed form to:
renee.hall@cityofames.org City Clerk's Office
City of Ames
PO Box 811
Ames, IA 50010

For Office Use Only

Documents Received

Date: _____
___ Completed Application

Fee

___ Fee \$35.00
Date Fee Paid _____

Insurance

___ Received _____
___ Approved _____

Follow Up

___ Application approved
___ Permits database updated
___ Permit Letter prepared
___ Letter copied and mailed

Permit Numbers _____

Special Conditions:

Application Denial Reasons:

