



CITY OF MANCHESTER

912 CITY ROAD
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877

SIDEWALK CAFÉ PERMIT

Application Date: _____

APPLICANT AND PROERTY IDENTIFICATION:

Applicant Name: _____ Phone: _____

Address: _____

Email: _____

Business Name: _____

Property Address: _____

Property Owner Name (if different than applicant): _____

Written permission of the property owner, if other than applicant, must be submitted with application.

REQUIRED SITE PLAN AND INFORMATION:

- The location, dimensions, and number of proposed chairs, tables, railing, posts, benches, umbrellas, planters, outdoor electrical outlets, hydrants and any other public or private equipment items.
- The color and design of the proposed chairs, tables, railings, posts, benches, umbrellas, planters, etc. The style and materials of amenities should be consistent and harmonious with those within the downtown streetscape.
- The proposed area of occupancy including square feet and dimensions.
- The proposed pedestrian traffic patterns and circulation of customers and staff.

INSURANCE REQUIREMENTS:

- A copy of the owner's certificate of general liability insurance which names the City of Manchester as an additional named insured (from both owner of the building and the lessee, if applicable). Limits of Liability are required to be at least \$1,000,000 per occurrence and aggregate.
- If the sale of alcohol is proposed, a copy of the approval from the Michigan State Liquor Control Commission.
- If the sale of alcohol is proposed, a copy of the business liquor liability insurance which names the City of Manchester as an additional named insured. Limits of Liability are required to be at least \$3,000,000.

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APPLICANT'S STATEMENT:

The undersigned agrees to repair any damage caused to the sidewalk or right of way as a result of the operation of a café on a sidewalk or within another part of the right of way at the applicant's expense. Applicant agrees to defend, indemnify and hold the City of Manchester, its elected officials, officers, employees and representatives harmless from liability for any expenses, demands, claims or actions for damages, injuries (including death) or losses of any kind arising out of or because of the permitted activity.

All the above information is truthful to my knowledge.

Signature: _____ Date: _____

For Office Use Only:

Permit Fee: \$40.00 Date Paid: _____ Received by: _____

Authorized Signature: _____ Date: _____

Approval: Approved Denied

Comments: _____

