



SIDEWALK DINING PERMIT APPLICATION

City of Collinsville
125 South Center Street
Collinsville, IL 62234
(618) 346-5200
www.collinsvilleil.org

Fees:
\$50.00 New Permit \$25.00 Renewal

BUSINESS NAME:	BUSINESS PHONE NUMBER:	BUSINESS ADDRESS:
CONTACT NAME:	CONTACT'S PHONE NUMBER:	MAILING ADDRESS (IF DIFFERENT FROM BUSINESS):

CERTIFICATIONS: (INITIAL ON THE LINE PROVIDED)

_____ I CERTIFY THAT THE ESTABLISHMENT NAMED IN THIS APPLICATION SERVES A FULL LUNCH AND/OR DINNER MENU, AS REQUIRED BY ORDINANCE NO. 3925.

_____ I CERTIFY THAT THE ESTABLISHMENT NAMED IN THIS APPLICATION HAS CURRENT AND ACTIVE PUBLIC LIABILITY INSURANCE AND COMPREHENSIVE PROPERTY DAMAGE INSURANCE AS REQUIRED BY ORDINANCE NO. 3925, AND HAS NAMED THE CITY AS AN ADDITIONAL INSURED. PROOF OF SAID INSURANCE COVERAGE IS ATTACHED TO THIS APPLICATION.

_____ I CERTIFY THAT I HAVE BEEN PROVIDED WITH A COPY OF THE CITY OF COLLINSVILLE REQUIREMENTS AND REGULATIONS REGARDING SIDEWALK DINING, [ZONING ORDINANCE SEC. 17.060.075](#), AND HAVE READ AND UNDERSTAND SAID REGULATIONS.

DESIGN PLAN:

PLEASE ATTACH SIDEWALK DINING DESIGN PLAN TO THIS APPLICATION. FAILURE TO SUBMIT A DESIGN PLAN WILL RESULT IN DENIAL OF THE PERMIT. PLEASE VERIFY ALL REQUIRED INFORMATION IS SHOWN ON THE PLAN BY CHECKMARKING EACH ITEM BELOW:

_____ Ingress/Egress from business.

_____ Ingress/Egress from sidewalk dining area (if surrounded by a barrier)

_____ Sidewalk width from face of building to curb, with 6 ft. clear zone labeled

_____ Designated area to be used for sidewalk dining, clearly marked with measurement/dimensions

_____ Surface obstacles and obstructions (fire hydrants, trees, benches, and other permanent fixtures)

_____ Placement of tables, chairs, umbrellas and other fixtures, with dimensions of each piece

_____ Placement and overall dimensions of pedestrian barriers, if required

_____ Pictures, samples, catalogs, as necessary to assist City staff in determining the design, quality and materials of the furniture and fixtures proposed have been provided

BY SIGNING BELOW, I HEREBY CERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WILL COMPLY WITH APPLICABLE CITY OF COLLINSVILLE ORDINANCES CONCERNING THE OPERATION OF A SIDEWALK DINING AREA AS AN ACCESSORY USE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY RESULT IN THE DENIAL OR REVOCATION OF THE SIDEWALK DINING PERMIT.

PRINTED NAME:	SIGNATURE:	DATE SUBMITTED:
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FOR OFFICE USE ONLY:	
APPROVED BY COMMUNITY DEVELOPMENT DIRECTOR:	DENIED: (State reason for denial)
PERMIT NUMBER AND ISSUE DATE:	PERMIT CLERK SIGNATURE: