



VILLAGE OF WALWORTH SIDEWALK CAFE DINING PERMIT APPLICATION

FEE: \$150.00 new or amended application

Permit Period: July 1 – June 30

Village of Walworth Ordinance Section 6-2-5(b)

PLEASE ATTACH THE FOLLOWING WHEN FILLING OUT YOUR APPLICATION:

1. Copy of all health department permit(s) under which the applicant will be operating.
2. Copy of certificate of insurance showing commercial general liability insurance in the minimum amount of \$1,000,000.00 per occurrence/\$2,000,000.00 aggregate. The Village shall be named as an additional insured.
3. Floor plan showing the sidewalk cafe area. The plan must be filed on 8 1/2 x 11 inch size paper and can be handwritten. It does not need to be an architectural drawing and does not need to be to scale. The plan must include all the following:
 - a. Dimensions of the sidewalk seating area (length and width)
 - b. Total square feet of the sidewalk seating area (length x width), including distance from curb.
 - c. The curb line, property line and building face.
 - d. Label all tables and provide dimensions (length x width)
 - e. Label all chairs and benches and provide dimensions (length x width)
 - f. Label any server stations (if applicable) and provide dimensions (length x width)
 - g. Label any other items in the area (planters, umbrellas, heating lamps, parking meters, bicycle racks, signposts, etc.)
 - h. Label the pedestrian walkway and provide the width.

Revocation of Permit:

A permit may be revoked at any time for any reason in the sole discretion of the Village, and the Village is not obligated to return the permit fee.

Name of Applicant/Entity: _____

(If the applicant is a separate corporate entity, LLC, LLP, or any other business entity, the names and addresses of all parties holding any interest in the entity shall also be provided.)

Premises Address: _____ Phone Number: _____

Name of Agent: _____ Phone Number: _____

Property Owner Name (if different than agent): _____

Property Owner Phone Number: _____

227 N. Main Street
PO Box 400
Walworth, WI 53184
(262) 275-2127

Business narrative explaining the operations of the business, hours of operations, days of operations, any sound amplification which may be used, lighting, and any other information which may be requested by the Village to make a full and comprehensive evaluation of the application:

Signature below verifies that the applicant has read the Village of Walworth Ordinance 6-2-5(b) and understands the conditions for operating a “sidewalk cafe”.

Signature of applicant: _____ Date: _____

The applicant for her/himself and for other persons, organizations, firms and corporations, if any listed in this application, being of sound mind and body, do hereby freely, voluntarily and knowingly, now and for all times, fully save and hold harmless and defend the Village of Walworth, a Wisconsin Municipal Corporation located in Walworth County, and each and every one of its elected and appointed officials, employees, representatives, agents, heirs, and assigns, jointly and severally from and against any and all claims, causes of action, actions, liabilities, demands, losses, damages, and/or expenses of whatsoever kind and nature including counsel or attorneys’ fees, which I have or may, at any time, incur or sustain arising from, resulting from, incurred consequence of, or pertaining to, any and all intentional and negligent acts, omissions, incidents, activities and transactions, of whatever kind and nature, direct or indirect, or mine own and those of or by the Village of Walworth, and each and every of its elected and appointed officials, employees, representatives, and agents, regardless of when or where, occurring or arising from this event.

Signature of applicant: _____ Date: _____

For Office Use Only

Amount Paid: _____ Received Of: _____

Date Paid: _____ Receipt Number: _____

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Annual Fee based on number of seats as follows:

Fee	Number of Seats
\$15	1-15
\$25	16-25
\$50	26-50

Date Reviewed by Public Works Director: _____

Date Reviewed by Police Department: _____

Date Reviewed by Clerk/Deputy Clerk: _____

Date Approved: _____

Date Permit Issued: _____