



LICENSING CENTER
 42 Broadway, 5th floor
 New York, NY 10004
 Monday-Friday: 9:00 a.m.-5:00 p.m.
 Wednesday: 8:30 a.m.-5:00 p.m.
 www.nyc.gov/consumers

SIDEWALK CAFÉ COMPLIANCE CHECKLIST

Applicants must answer a series of questions to demonstrate that the café meets City requirements. Please answer all questions and sign the Checklist.

1. Is there a minimum of 12 feet of sidewalk space for the entire length of the property? Yes No

2. Will your café be at an address zoned for the type of sidewalk café you plan to operate? Yes No

If you answered “No” to question 1 or 2, you cannot apply for a Sidewalk Café license and must stop the application process.

3. Sidewalk Café Business Name: _____

4. Sidewalk Café Type: Enclosed Small Unenclosed Unenclosed
Check all that apply.

5. Application Type:
 New
 Renewal
 Assignment *(Consent assigned by previous owner more than 90 days before expiration date)*
 Modification *(Changes to an existing consent)*

6. Maximum number of tables in your café: _____

7. Maximum number of chairs in your café: _____

8. Block Number: _____

9. Lot Number: _____

10. Community Board Number: _____

11. Will your café be on the same level as the adjoining sidewalk? *(Unenclosed and Small unenclosed only)* Yes No

12. Is your café in a historic district or in or adjacent to a landmarked building or district? Yes No
- a. *If Yes, have you applied to the Landmarks Preservation Commission (LPC) for approval to operate your café?* Yes No
- i. *If Yes, have you received approval from LPC to operate your café?* Yes No

Sidewalk Café Business Information

13. Sidewalk Café Business Address: _____

14. Is there an alternate entrance to your sidewalk café with a different address than your business address? Yes No

If Yes, please enter address: _____

Sidewalk Café Architect or Engineer Information

15. Full Name of Architect or Engineer: _____

16. Business Name of Architect or Engineer: _____

17. Address: _____

18. Telephone Number: _____

19. Fax Number (optional): _____

20. E-mail Address: _____

Sidewalk Café Applicant's Signature

Print Name

Title (if any)

Date