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