## **CITY OF HARRISONBURG, VIRGINIA**

## OUTDOOR DINING FACILITY LICENSE APPLICATION

BUSINESS NAME:				
BUSINESS ADDRESS:				
BUSINESS PHONE NUMBER:				
BUSINESS OWNER:				
AGENT:				
BUSINESS LICENSE NO.:				

## Description of Proposed Outdoor Furniture. Include quantity, colors, materials, and types:

	Amount	Description
Chairs:		
Tables		
Umbrellas:		
Heaters:		
Barrier:		

## The following must be submitted with this application:

Non-refundable application fee of \$100.00

A detailed site plan drawn to scale with all dimensions clearly shown. All sidewalk obstruction shall be noted and detailed dimensions shall be clearly shown.

A copy of your Certificate of Insurance naming the City of Harrisonburg as an additional insured.

A photograph of your proposed outdoor dining area.

A photograph or vendor specification of proposed furniture.

This application along with the above items shall be returned to the Department of Community Development, 409 South Main Street, Harrisonburg, VA 22801. NOTE: SUBMITTTAL OF AN APPLICATION IS NOT AN APPROVAL TO SET UP AN OUTDOOR DINING FACILITY.

Applicant has read and covenants to comply with the Regulations and Requirements Relating to Outdoor Dining Facility Licenses Issued for City Right of Way in the B-1 Business District in the City of Harrisonburg, VA, a copy of which is attached hereto and made a part of this application and further desire to obtain an Outdoor Dining Facility License.

I will defend, indemnify and save harmless the City of Harrisonburg and its officers and employees from any and all loss, liability, damages, or judgments resulting from any claims made against any of them for injury to person(s) or property by reason of, or in connection with, the operation of any outdoor dining facility on a public sidewalk or pedestrian right of way or for injury to person(s) or property by reason of or occurring on the premises occupied by the outdoor dining facility.

I further agree to repair any damage caused to the sidewalk, pedestrian right of way or any public utility in the operation of the outdoor dining facility at my expense.

Business Owner/A	gent Signature:	
Date:		
Staff Review:	Community Development Public Works Fire Department Police Department	