

WINTER HAVEN

The Chain of Lakes City

Sidewalk Café Permit Application

Date Received: ____/____/____

File Number: _____

Received By: _____

DRC Meeting Date: ____/____/____

OFFICE USE ONLY

Name of Restaurant: _____

Address of Restaurant: _____ Phone # _____

Restaurant Owner/Operator:

Name: _____

Home Address: _____

Day Phone # _____ Evening Phone # _____

Building Owner:

Name: _____

Home Address: _____

Day Phone # _____ Evening Phone # _____

We have read, and to the best of our knowledge and belief, understand the regulations set forth in the Sidewalk Café Ordinance, O-07-67.

Restaurant Owner Signature and Date

Building Owner Signature and Date

Required Attachments:

- Scale diagram or sketch plan with dimensions
- Insurance certificate, \$1,000,000, indicating City of Winter Haven as additionally insured
- Location of existing, and any proposed, restroom facilities, including number of fixtures.
- If serving alcohol, a copy of the State Liquor License, and appropriate materials.
- Current Business Tax Receipt.
- Copy of the permit from the Department of Hotels and Restaurants.

Submit completed application and materials to the Planning Division, City Hall, 451 Third Street, NW.; P.O. Box 2277 Winter Haven, FL 33883-2277; Phone: (863) 291-5600.