

WINTER HAVEN

The Chain of Lakes City

City of Winter Haven
Sidewalk Café Permit Application
Planning Division
451 Third Street, NW
Winter Haven, Florida 33881
Telephone: 863-291-5600

For City Use Only:

Date Received: _____ Received By: _____ Meeting Date: _____

Name of Restaurant: _____

Address of Restaurant: _____ Phone: _____

Restaurant Owner/Operator:

Name: _____

Address: _____

Phone: _____ Email _____

Building Owner:

Name: _____

Address: _____

Phone: _____ Email _____

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
- Hold harmless agreement signed by applicants
- 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