



# TEMPORARY DINING AREA Application Form

## I. Resident or Business Information / Main Contact

\_\_\_\_\_ (name) \_\_\_\_\_ (mailing address) \_\_\_\_\_ (st) \_\_\_\_\_ (zip)

\_\_\_\_\_ (phone #) \_\_\_\_\_ (email)

**Signature:** \_\_\_\_\_

## II. Property Owner Authorization (if ownership is different than the above)

\_\_\_\_\_ (name) \_\_\_\_\_ (mailing address) \_\_\_\_\_ (st) \_\_\_\_\_ (zip)

\_\_\_\_\_ (phone #) \_\_\_\_\_ (email)

**Signature:** \_\_\_\_\_

*(if the owner is unavailable to sign, an email from ownership to Trevor.Hamdorf@newbrightonmn.gov is also acceptable)*

## III. Required Submittals:

- Application** (this completed form)
- Site plan sketch** (if applicable, each of the following items should be depicted on your site plan):
  - the proposed area of outdoor dining
  - locations of tables and equipment
  - location of temporary signs
  - tent location and size (if applicable)
  - proposed safety barriers (if proposed)
  - access points to neighboring businesses
  - entrances and exits to the dining area
  - vehicle barrier(s) if in a parking lot
  - waste/recycling receptacles
  - supplementary bathroom facilities (if applicable)
  - impacted parking, entrances, and/or drive lanes
  - other proposed temporary improvements

## IV. General Questions:

<b>Duration:</b>	1. Proposed <b>start date:</b>	Proposed <b>end date:</b>
<b>Traffic:</b>	2. Will there be any road closures or potential traffic impacts resulting from the outdoor seating area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Will there be parking space losses, drive lane impacts, or changes to vehicle access to the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Will public or private walkways be blocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Will access to adjacent businesses be blocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Will outdoor seating be protected from traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Signs:</b>	7. Will any temporary signage be erected? If yes, depict where and to what extent on your site plan sketch.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Noise:</b>	8. Will there be amplified sound/music in the outdoor dining area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	9. Have you reviewed New Brighton City Code Section 17-12 regarding noise disturbances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Food &amp; Beverage:</b>	10. Do you have a valid food establishment license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	11. Will you be serving alcohol in the outdoor seating area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12. Do you currently have a valid liquor license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Sanitary Needs:</b>	13. Will patrons access indoor restroom facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	14. Will there be supplementary outdoor restroom facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	15. Will there be outdoor garbage and/or recycling receptacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fire Safety:</b>	16. Will there be open flames/decorations proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	17. Will there be tents erected greater than 200 sq ft in size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**VI. Applicant Acknowledgment**

In applying for approval of a temporary outdoor dining area, the property owner takes full responsibility for making sure that all state guidelines for running a restaurant are followed and implemented. The property owner also agrees to allow city staff to access the property for the inspection of any approvals granted via this temporary use permit while the permit is valid.

I acknowledge that I have read the above statement and fully understand my responsibilities in establishing an outdoor seating area.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>ADMINISTRATIVE USE ONLY:</b>			
<b>DCAD</b>	<i>Site Plan Approved</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Anticipated Sanitary Needs Addressed</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Signage Approved</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Traffic, Parking Lot, and Sidewalk Impacts Approved</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Public Safety</b>	<i>All licenses current</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Alcohol permit amendment authorized</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Fire Safety Reviewed</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Traffic, Parking Lot, and Sidewalk Safety Reviewed</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Conditions:

**DCAD APPROVAL BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PUBLIC SAFETY APPROVAL BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_