
SIDEWALK CAFÉ APPLICATION INFORMATION PACKAGE

APPLICATION WORKSHEET

Please enclose a plan of the proposed Sidewalk Café and its relationship to the surrounding public way. Please show the associated dimensions, clearance measurements, boundaries and landscaping, street location, seating capacity, accessibility to patrons with disabilities and its relationship to the surrounding public way. Also include photograph(s) of proposed Sidewalk Café's location.

In addition, please fill in below the proposed Sidewalk Café's (1) business license information, (2) street location, dimensions, (3) seating capacity, and (4) days and hours of operation.

1. Business License Information

ACCOUNT #: _____

CURRENT RETAIL FOOD LICENSE #: _____

BUSINESS LOCATION ADDRESS: _____

2. Proposed Sidewalk Café Location and Dimension Information

Note: The street name(s) and proposed length(s) and width(s) must match the proposed plan.

STREET NAME (i.e. S. State St.)	LENGTH	WIDTH

3. Proposed Sidewalk Café's Seating Capacity

Note: The proposed seating capacity must match the proposed plan.

CAPACITY: _____

4. Days and Hours of Operation

Note: Sidewalk Café's cannot operate earlier than 8:00 AM nor later than midnight.

DAY OF THE WEEK	PROPOSED HOURS OF OPERATION
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

PRINT NAME: _____

EMAIL:

PHONE NUMBER: _____

ACCOUNT #: _____

LEGAL NAME OF ENTITY: _____

BUSINESS NAME (DBA): _____

BUSINESS LOCATION ADDRESS: _____

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

Required for Public Way Use Permits – Certificate of Insurance

ONLY CERTIFICATES WITH ALL THE REQUIRED INFORMATION COMPLETED EXACTLY AS INDICATED BELOW WILL BE ACCEPTED

	CERTIFICATE OF LIABILITY INSURANCE	DATE (MM/DD/YYYY) <i>Date certificate is issued</i>
<p><small>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER AND THE CERTIFICATE HOLDER.</small></p> <p><small>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</small></p>		
<p>PRODUCER</p> <p>INSURED</p> <p style="background-color: #ADD8E6; padding: 5px;"><i>Insured name and address must match the legal name and business location address listed on the City of Chicago Public Way Use Permit Application</i></p>	<p>CONTACT</p> <p>NAME: _____ FAX: _____ PHONE (A/C, No, Ext): _____ (A/C, No) E-MAIL: _____ ADDRESS: _____</p> <p>INSURER(S) AFFORDING COVERAGE: _____ NAIC # _____</p> <p>INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____</p> <p style="background-color: #ADD8E6; padding: 5px;"><i>Insurer must be authorized to insure in Illinois</i></p>	

RISK	COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	LIMITS
RISK	TYPE OF INSURANCE	ADJ. SUBF	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY) / POLICY EXP. DATE (MM/DD/YYYY)
	<p>COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER</p> <p>AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS</p> <p>UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</p> <p><input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS</p> <p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below</p>			<p>EACH OCCURRENCE DAMAGE TO REY PREMISES (E&M)</p> <p>MED EXP (Any of PERSONAL & AD GENERAL ADGR PRODUCTS - CO)</p> <p>COMBINED SING (E&M accidents) BODILY INJURY (BODILY INJURY) PROPERTY DAM (P&M accidents)</p> <p>EACH OCCURRENCE AGGREGATE</p> <p>PER STATUTE</p> <p>E.L. EACH ACCO</p> <p>E.L. DISEASE - SA</p> <p>E.L. DISEASE - POLY</p>
	<i>Provide active policy number</i>			<i>Must provide 1 year coverage - including or starting on the date of permit term</i>
				<i>Commercial general liability insurance with limits of not less than \$500,000, per occurrence, \$1,000,000 in the aggregate combined single limit, for bodily injury, personal injury and property damage liability</i>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*The following statement must be included in this "DESCRIPTION" section:
 The City of Chicago, its agents and employees are listed as additional insured in regards to ...
 (list all specific public way use(s) and location(s) here).*

<p>CERTIFICATE HOLDER</p> <p style="background-color: #ADD8E6; padding: 5px;"><i>BACP must be listed as Additional Insured: City of Chicago Department of Business Affairs and Consumer Protection 121 N. LaSalle St., Rm. 805 Chicago, IL 60602</i></p>	<p>CANCELLATION</p> <p><small>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN</small></p> <p style="background-color: #ADD8E6; padding: 5px;"><i>Must indicate 10 days advance written notice</i></p> <p><small>AUTHORIZED REPRESENTATIVE</small></p> <p style="background-color: #ADD8E6; padding: 5px;"><i>Signature of Authorized Representative</i></p>
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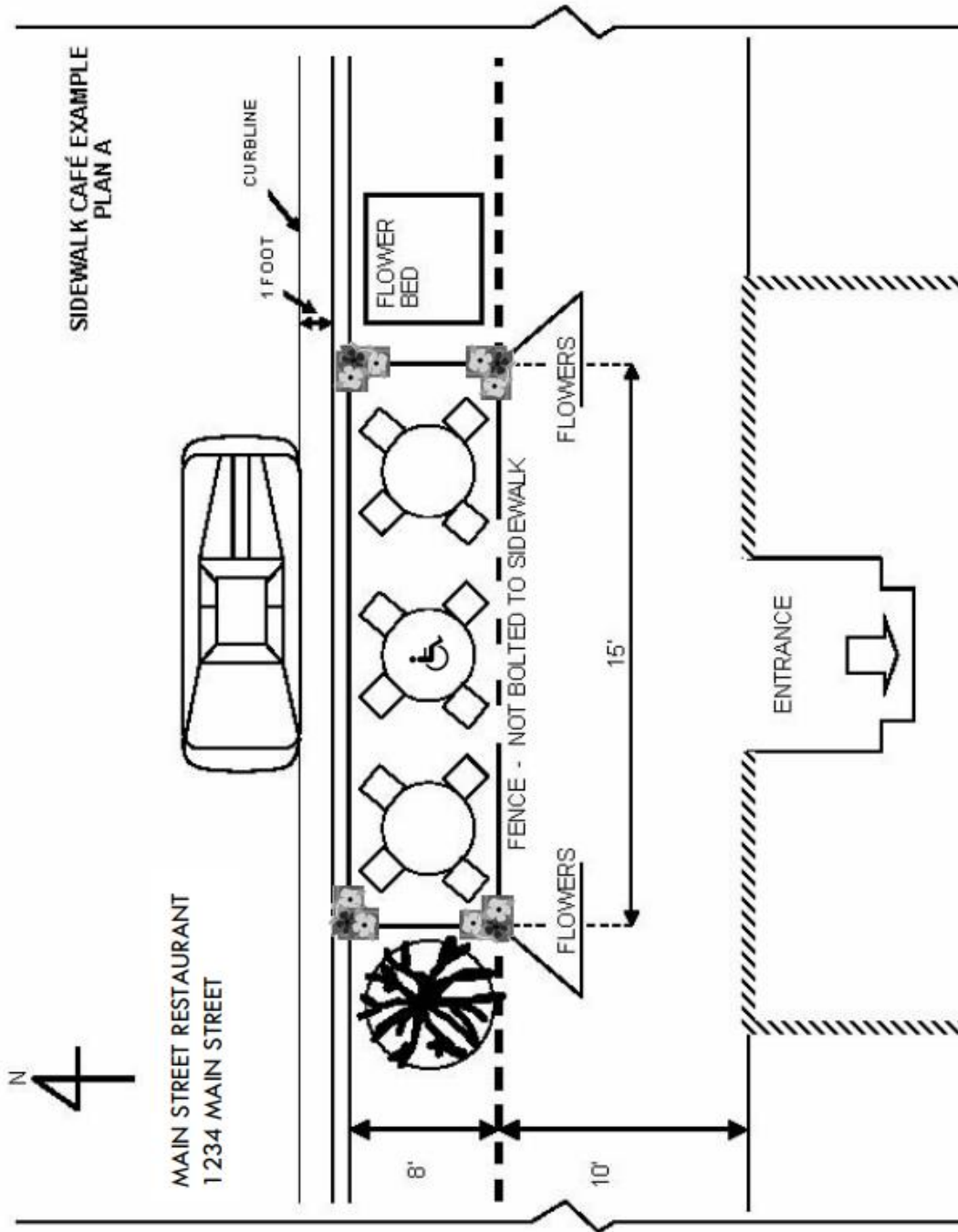
ACORD 25 (2014/01)

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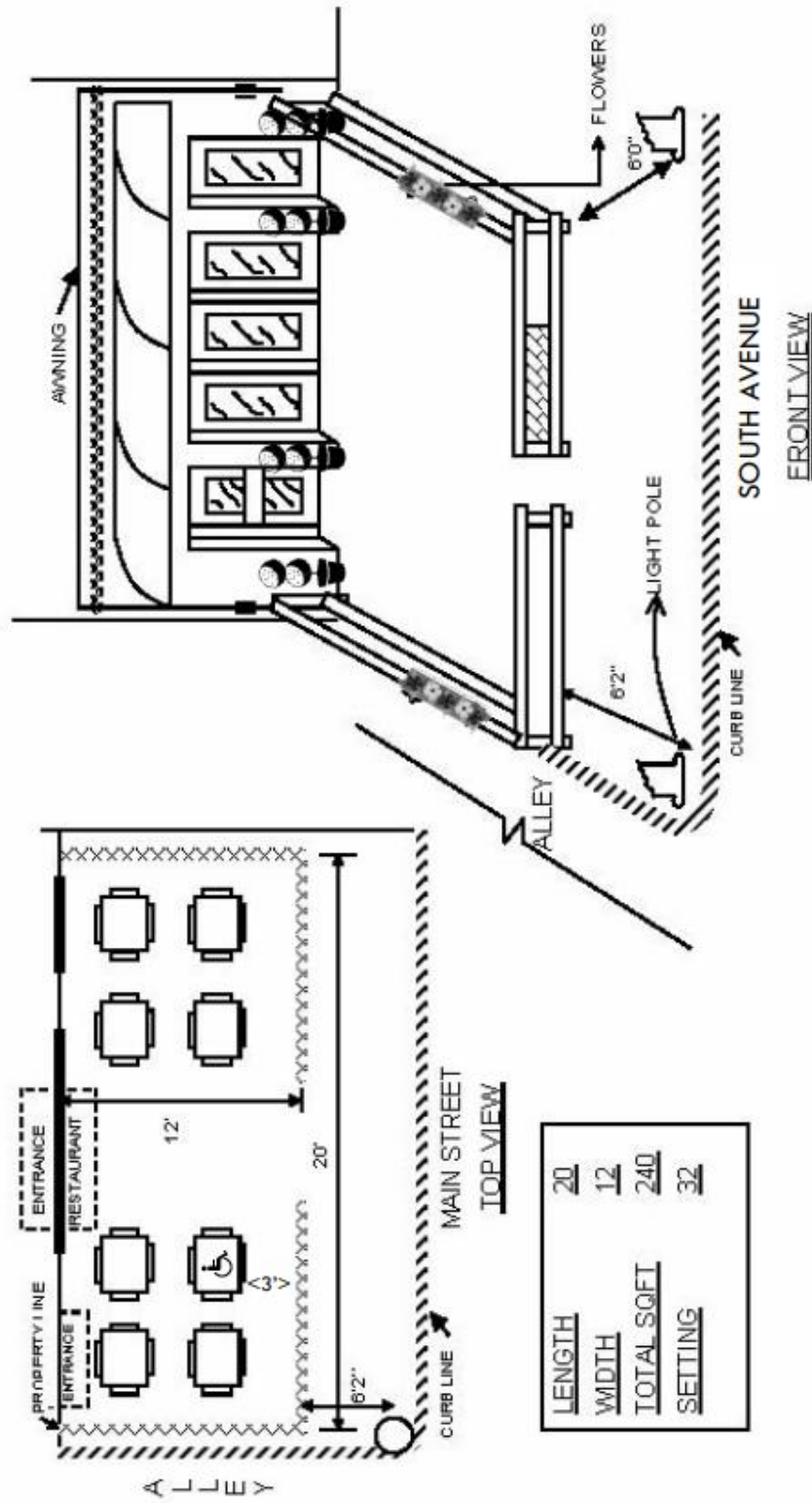


SAMPLE SIDEWALK CAFÉ SITE PLAN - A



SAMPLE SIDEWALK CAFÉ SITE PLAN - B

SIDEWALK CAFÉ EXAMPLE
PLAN B



<u>LENGTH</u>	<u>20</u>
<u>WIDTH</u>	<u>12</u>
<u>TOTAL SQFT</u>	<u>240</u>
<u>SETTING</u>	<u>32</u>

not to scale

SIDEWALK CAFÉ APPLICATION INFORMATION PACKAGE

SAMPLE SIDEWALK CAFÉ SITE PLAN - C

SIDEWALK CAFÉ EXAMPLE
PLAN C

