



City of Lawrence

Sidewalk Dining & Hospitality License Application

Business Information					
Name of Business to be Licensed:				E-Mail Address:	
Business Address					Business Phone:
Mailing Address	Street:	City:	State:	Zip:	
If a corporation or partnership, please list names, addresses and birthdates of all officers/directors/partners:					
Name:	Street:	City:	State:	Zip:	Birth Date:
Name:	Street:	City:	State:	Zip:	Birth Date:
Name:	Street:	City:	State:	Zip:	Birth Date:
Manager Information					
Place of Business Managed by:			Contact Name:		Contact Phone Number:
Home Mailing Address	Street:	City:	State:	Zip:	E-Mail Address:

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning sidewalk dining establishments. I have received a copy of Chapter 6, Article 12, of the City Code of Lawrence, Kansas, and understand the regulations therein. All documents required by the City Code have been submitted with this application and a site plan has been submitted to the City Planning Department. All fees paid for processing of this application are not prorated or refundable in the event the license is not issued for any reason.

- PLEASE INCLUDE:**
- Fee (\$3.50 per square foot)
 - Proof of Insurance
 - Signed permission from adjacent property owner(s) & tenant(s)
 - Copy of Kansas Food Service Establishment License
 - Copy of sales reports
 - Right-of-Way Agreement

 APPLICANT'S NAME (Printed)

 APPLICANT'S SIGNATURE

 TODAY'S DATE



**Sidewalk Dining & Hospitality License
Adjacent Property Owner & Tenant Permission**

Today's Date: _____

Name of Business:		Name of Business Owner:		E-Mail Address:	
Business Mailing Address	Street:	City:	State:	Zip:	Business Phone:

As OWNER of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Owner Name:		Owner Signature:		Date:	
Address of Owner	Street:	City:	State:	Zip:	

As OWNER of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Owner Name:		Owner Signature:		Date:	
Address of Owner	Street:	City:	State:	Zip:	

As TENANT of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Tenant Name:		Tenant Signature:		Date:	
Address of Tenant	Street:	City:	State:	Zip:	

As TENANT of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Tenant Name:		Tenant Signature:		Date:	
Address of Tenant	Street:	City:	State:	Zip:	

As TENANT of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Tenant Name:		Tenant Signature:		Date:	
Address of Tenant	Street:	City:	State:	Zip:	

SIDEWALK DINING & HOSPITALITY
(For Office Use Only)

Date Application Received:	Square Feet Used:	Fee paid \$3.50/square foot:
Proof of Insurance Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission from Adjacent Owner(s) and Tenant(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copy of Sales Report: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Copy of Kansas Food Service Establishment License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Right-of-Way Agreement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Site Plan Submitted to Planning:	Date Site Plan Approved by Planning:	
IF SELLING ALCOHOL		
State Drinking Establishment License Number:	City Drinking Establishment License Number:	
Date Presented to and Approved by the City Commission:		