



Sidewalk Patio License Application Form

The District of Peachland
 5806 Beach Avenue
 Peachland, B.C. V0H 1X7
 Telephone: (250) 767-2647
 Fax: (250) 767-3433
 www.peachland.ca

Please Print

Only Complete Applications will be reviewed

Contact Name _____

Note: If the Contact Person is not the owner of the property, **written authorization from the owner is required.**

Business Name _____

Business Location Address _____

City _____ Postal Code _____

Mailing Address _____

City _____ Postal Code _____

Business Phone _____ Contact Phone _____

Email _____

Applicant Signature _____ Date _____ day / month / year

Submission Requirements	
Must be met in full to submit application	
	<input checked="" type="checkbox"/>
Letter of intent that includes the hours of operation	
Application Fee - \$50	
Security Deposit - \$200	
Photograph of the existing building/sidewalk area	
Site Plan drawn to scale	
Copy of Liquor License (if applicable)	
Schedule 'A' of Traffic Regulation Bylaw No. 1856	
Completed Application Form	
If the application is approved by the Licensing Inspector, the application will be required to submit:	
Proof of Insurance: (Check that which applies)	<input checked="" type="checkbox"/>
Non-liquor Establishment - \$2,000,000	
Liquor Establishment - \$3,000,000	

Departmental Approvals
Office Use Only

Planning Department _____

Public Works _____

Building Inspector _____

Liquor Approval _____

Application Number
Office Use Only

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Schedule of Fees:

Application Fee	_____	\$50
Sidewalk Cafes Space Rental	_____ See Schedule 'A' of PRO-267	
Security Deposit	_____	\$200

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the District of Peachland's bylaws. Questions about this may be directed to the Clerk, District of Peachland, 5806 Beach Avenue, Peachland, BC V0H 1X7 (250) 767-2647



Photographs

The District of Peachland
5806 Beach Avenue
Peachland, B.C. V0H 1X7
Telephone: (250) 767-2647
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Please attach photograph

Photograph of Existing Building

Please attach photograph

Photograph of Sidewalk Area



Site Plan

Please Make to Scale

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Submission Requirements

Must be met in full to submit application

		✓
	Site Plan drawn to scale that extends 5m (16 ft.) to either side of the proposed Licensed Area Including:	
	License Area dimensions and total area calculation	
	Public Walkways	
	Parking Stalls	
	Existing Municipal Features: Trees, Fire Hydrants, Benches, Garbage Bins, Bike Racks etc.	
	Any other works in the area	
	Location of front and side entrances and service windows	
	Specifications, measurements and elevations for all structural components	
	Description of materials and colours for all fence enclosures, decking and structures. Include colour photos	
	The number of tables and chairs	
	Location and description of all furnishings and accessories (planters, umbrellas, etc.) including colour photos or illustrations	
	Location of any bus stop located within 5m (16 ft.) of the License Area	

Total Area Calculation _____

Description of Materials:

Fence Material: _____

Fence Height: _____

Fence Colour: _____

Decking Material: _____

Other: _____

SCHEDULE "A"

PERMIT APPLICATION FORM

Applicant's Name _____

Mailing Address _____

Location of Proposed Activity _____ Start Date/Time _____ Completion Date/Time _____

Have affected neighbouring property owners been notified? [] Yes [] No

Is a street closure required? [] Yes [] No

Will re-routing buses and emergency traffic be required? [] Yes [] No

Will utilities be shut off? [] Yes [] No

EXCAVATION:

Size (length) _____ (Width) _____ (Depth) _____

Distance to pavement edge _____

Purpose _____

OVERSIZE VEHICLES:

Length _____ Width _____ Axle Load _____, _____, _____

VEHICLE EQUIPPED WITH:

Projecting spikes _____ Cleats _____ Ribs _____ Clamps _____

Flanges _____ Lugs _____ Other Attachments _____

SPECIAL EVENT:

Pedestrians _____ Vehicles _____

Route (Attach Map)

FOR OFFICE USE ONLY

Permission is granted for _____ subject to the conditions listed: _____

Insurance [] Yes [] No

Amount of Deposit _____ -

Receipt No. _____

Inspected By _____

Amount of Refund _____

Director of Operations