Sidewalk Patio License Application Form

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 ____________________________

**Submission Requirements**

Must be met in full to submit application

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) ✔

Non-liquor Establishment - $2,000,000

Liquor Establishment - $3,000,000

**Schedule of Fees:**

Application Fee ____________________________ $50

Sidewalk Cafes Space Rental See Schedule ‘A’ of PRO-267

Security Deposit ____________________________ $200

**Departmental Approvals**

Office Use Only

Planning Department ____________________________

Public Works ____________________________

Building Inspector ____________________________

Liquor Approval ____________________________

**Application Number**

Office Use Only

SP /

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
To: The Director of Planning and Development Services

Please include: Type of Business, Type of Product or Service, Hours of Operation,

Sincerely

_____________________________
Photographs

Photograph of Existing Building

Photograph of Sidewalk Area

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

**Total Area Calculation**

- ________________

**Description of Materials:**

- **Fence Material:**
  - ________________
  - ________________

- **Fence Height:** ________________

- **Fence Colour:** ________________

- **Decking Material:**
  - ________________
  - ________________

- **Other:**
  - ________________
  - ________________
  - ________________
SCHEDULE “A”

PERMIT APPLICATION FORM

<table>
<thead>
<tr>
<th>Applicant's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Proposed Activity</th>
<th>Start Date/Time</th>
<th>Completion Date/Time</th>
</tr>
</thead>
</table>

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