



# APPLICATION for a SIDEWALK CAFÉ

**CITY OF ALTON, ILLINOIS**

**Cameo C. Foster • Alton City Treasurer**

101 E Third • Suite 102 • Alton, Illinois 62002

Telephone: (618) 463-3540

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Fax: (618) 463-3520

Website: [www.cityofaltonil.com](http://www.cityofaltonil.com)

## STEP ONE:

### APPLICATION

- HOLDER OF LIQUOR LICENSE (ISSUED BY THE CITY OF ALTON) MUST SIGN AND DATE APPLICATION, AFFIDAVIT, & DESIGN PROPOSAL!

### APPLICATION FEE

- **\$50.00 FOR APPLICATION** (PAYABLE TO: CITY TREASURER...SEPARATE CHECK)

### DESIGN PROPOSAL

- INCLUDE ALL RELEVANT INFORMATION CONCERNING THE DESIGN OF THE PROPOSED SIDEWALK CAFÉ, INCLUDING THE EXACT SITE AND DIMENSIONS OF PROPOSED SIDEWALK CAFÉ AND INFORMATION CONCERNING THE FURNITURE, FIXTURES AND OTHER ITEMS WHICH ARE TO BE USED ON OR ABOUT THE PROPOSED SIDEWALK CAFÉ.
- ALL SIDEWALK CAFES ON CITY PROPERTY SHALL MAINTAIN AT LEAST SIX FEET IN WIDTH OF SIDEWALK SPACE FOR PEDESTRIAN MOVEMENT. SIDEWALK CAFES SHALL ONLY BE ALLOWED IN DISTRICTS ZONED C-2, C-4 AND MR. NO PERMANENT ADDITIONS OR STRUCTURES OF ANY TYPE SHALL BE PERMITTED ON CITY PROPERTY. HOURS OF OPERATION MAY NOT EXCEED THE FOLLOWING:

MONDAY-SATURDAY: 6:00 AM - 1:00 AM

SUNDAY: 12:00 NOON - 1:00 AM

### APPROVAL

- |                         |                            |
|-------------------------|----------------------------|
| • FIRE DEPARTMENT _____ | • POLICE DEPARTMENT _____  |
| • FOOD & BEVERAGE _____ | • PLANNING COMMITTEE _____ |
| • PUBLIC WORKS _____    | • OTHER _____              |

## STEP TWO:

### UPON APPROVAL OF APPLICATION @ COUNCIL MEETING

\_\_\_\_\_ (DATE PRESENTED)                      \_\_\_\_\_ (DATE APPROVED)

## STEP THREE:

### CERTIFICATE OF INSURANCE

- COMPREHENSIVE GENERAL LIABILITY IN THE AMOUNT \$1,000,000 PER OCCURRENCE, \$2,000,000 AGGREGATE, FOR LIABILITY DUE TO BODILY INJURY AND/OR PROPERTY DAMAGE CLAIMS (UPDATED FORM NEEDS TO BE TURNED IN TO: CITY CLERK'S OFFICE)

### LEASE AGREEMENT

- COMPLETED WITH CITY CLERK'S OFFICE (DRAWN UP ANNUALLY VIA: CITY ATTORNEY)

### LEASE PAYMENT

- **\$100 FOR LEASE OF CITY OWNED PROPERTY**  
(PAYABLE TO: CITY TREASURER...SEPARATE CHECK)

## STEP FOUR: REGULATORY SIDEWALK CAFÉ LICENSE ISSUED...

\_\_\_\_\_ (DATE PRINTED)                      \_\_\_\_\_ (DATE MAILED)



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**All indebtedness to the City must be paid in full before any Regulatory License will be issued.**

**PRINT OR TYPE ONLY**

**BUSINESS NAME:** \_\_\_\_\_

**PROPOSED ADDRESS OF BUSINESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

Is there a different address for mailing? \_\_\_\_\_

Illinois Business Tax Number (IBT#): \_\_\_\_\_

Does this business have additional locations? (If yes, please provide the city and state of other locations.)  
\_\_\_\_\_

**BUSINESS OWNER INFORMATION: Please attach a copy of Driver's License, information to be used by Police Department only**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden name if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

**MANAGER (LOCAL CONTACT) INFO: Please attach a copy of Driver's License, information to be used by Police Department only**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden name if applicable: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Own or Lease Space: \_\_\_\_\_ Square Footage Amount Business will Occupy in Building: \_\_\_\_\_

Number of Parking Spaces: \_\_\_\_\_ Number of Handicapped Accessible Spaces: \_\_\_\_\_

Outdoor Storage (Please Describe): \_\_\_\_\_

Signage (Please Describe): \_\_\_\_\_

Improvements/Rehabilitation of Building (Please Describe): \_\_\_\_\_

**DETAILED DESCRIPTION OF TYPE OF BUSINESS: Application will not be processed without this information.**

NAICS Code(s) of Business: \_\_\_\_\_

Will this business be located in a residential or commercial area? \_\_\_\_\_

Will this be a home occupation? \_\_\_\_\_

Is this business incorporated? \_\_\_\_\_ Name of Corporation: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Department Approval (Initials): \_\_\_\_\_



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## **AFFIDAVIT**

I \_\_\_\_\_, d/b/a \_\_\_\_\_, have completed and submitted an application for a Business License in the City of Alton, Illinois, with the knowledge that this does not indicate that I have been licensed to operate business. The business will not be licensed until all inspections have been completed and approved.

Signature: \_\_\_\_\_  
*Owner* *Date*

Below is a link to the City code which contains information for: SIDEWALK CAFÉS

[http://www.sterlingcodifiers.com/codebook/index.php?book\\_id=461](http://www.sterlingcodifiers.com/codebook/index.php?book_id=461)

Applications are available at the City Treasurer's Office. For specific questions, please notify Licensing at (618) 463-3540 or in writing at: 101 E Third, Suite 102, Alton, Il 62002 or e-mail: [license@cityofaltonil.com](mailto:license@cityofaltonil.com).

- Forms can be found online at:
  - [www.cityofaltonil.com](http://www.cityofaltonil.com)
  - Forms and Applications

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For office use only:

\_\_\_\_\_  
Signature Date

**Approve** \_\_\_\_\_

**Denied** \_\_\_\_\_



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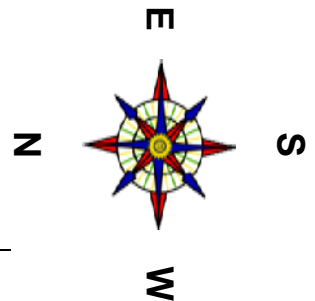
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## DESIGN PROPOSAL:

### **SIDEWALK CAFÉ**

	<b>1 SQUARE = 1X1'</b>  <b>BLDG WIDTH = _____'</b>

**APPROVED DRAWING:**



\_\_\_\_\_  
Name

\_\_\_\_\_  
Date