



**APPLICATION FOR OUTDOOR  
CAFÉ PERMIT**

Fee: \$50.00/ year

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

Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**Please attach the following Required Documents:**

- \_\_\_\_\_ Valid Permit/License from the McDonough County Health Department
- \_\_\_\_\_ Scaled drawing of the proposed permit area showing the location and size of tables, chairs and trash receptacles and any other equipment, location of ingress and egress, the curb line and any existing public or utility owned equipment in or adjacent to the proposed area. Please include a description of how the area will be visually or physically identified as part of the business operation (i.e. fencing or other visual demarcation).
- \_\_\_\_\_ Operations plan including days and hours of operations for the café area, hours of operation for the adjacent restaurant, scheduled maintenance of the area, maximum seating capacity and method of providing security and maintenance.
- \_\_\_\_\_ Certificate of Insurance listing required coverage amounts and policy periods of permittee's general liability policies with City of Macomb listed as additional primary insured with "premises only" removed. (Required for businesses encroaching on City property.)
- \_\_\_\_\_ If the area will extend on sidewalk areas abutting property owner/operated by someone other than the applicant, include a written consent to said extension including the signatures of the owner/operator.

**Indemnity Agreement**

The above named hereby agrees to indemnify and hold the City of Macomb and all of the City's officials, officers, agents and employees harmless from any liability what-so-ever from any and all claims, demands, actions or causes of action for personal injury, including death, or property damage arising from or in any way connected to the operation of the outdoor café, except on any claims arising solely from the negligent acts of the City or its officials, officers, agents and employees.

\_\_\_\_\_  
Signature of Individual or Representative of  
Business or Organization

\_\_\_\_\_  
Date

**PLEASE SUBMIT COMPLETED PERMIT AND ATTACHMENTS TO MELANIE FALK, CITY CLERK AT [macclerk@macomb.com](mailto:macclerk@macomb.com). If you have any questions, please call the Clerk's Office at 309.833.2575.**

OFFICE USE ONLY:  Approved Date: \_\_\_\_\_  
 Denied

By: \_\_\_\_\_  
City Administrator