



City of Florence

Annual Sidewalk Cafe Application

City Hall ~ 250 Hwy 101, Florence, OR 97439
(541) 997-3437 – www.ci.florence.or.us

Please see reverse for information about the sidewalk cafe approval process.

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| Name of Business: | | |
| Physical Address: | | |
| Mailing Address: | | |
| Please describe how patrons will be monitored with particular attention to alcohol consumption: <i>(Example: Wait staff will check patrons every 5 minutes, security system provided, etc.)</i> | | |
| Has appropriate OLCC licensure for outdoor sales been secured? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If No... Please contact the Oregon Liquor Control Commission. Eugene (541-686-7739) 927 Country Club Rd, Suite 200 Eugene, OR 97401 |
| Will area provide seating for more than 20 patrons? | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes... Please check with Planning Department concerning parking requirements of FCC 10-3 |

Property Owner Information

| | | | |
|--|--|-------------------|--|
| Name: | | | |
| Mailing Address: | | City, State, Zip: | |
| Phone: | | Email: | |
| Please submit written permission from property owner if different than business owner. | | | |

Additional Information Required

Below is a check list of the required information for the City of Florence to complete the review of your application:

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| <input type="checkbox"/> Drawing of area to demonstrate that: <ul style="list-style-type: none"> There will be a minimum pedestrian passage through the right of way of at least five feet in width Use of the right of-way will be in compliance with vision clearance provisions of the City Code (<i>Title 8 Section 2</i>) | <input type="checkbox"/> Proof of liability insurance including the sidewalk area. |
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Primary Contact Information

| | | | |
|------------------|--|-------------------|--|
| Contact Name: | | | |
| Mailing Address: | | City, State, Zip: | |
| Contact Phone: | | Contact Email: | |

- I certify that I will assume all risks associated with the use of the right-of-way
- I certify that I will contact the City of Florence should any of the information listed above change.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|