

Outdoor Dining Application

Department of Planning and Economic Development 433 River Street, Suite 5001 Troy, N.Y. 12180

> (518)279-7412 www.troyny.gov

This application pertains to businesses with valid food service establishment licenses and that would like to provide outdoor dining opportunities on the publicly owned sidewalk or right-of-way. This form should be updated with configuration or business ownership changes, as needed.

Business Information			
Legal Entity / DBA:		EIN #:	
Business Address:			
Owner / Manager:			
Address:	City:	State:	Zip Code:
Telephone:	Fax:		
Email:			
Property Owner (If differen	nt from above)		
Name			
Address	City:	State:	Zip Code:
Telephone:	Fax:		
Email:			
Zoning Classification			
Number of Outdoor Tables	Number of Outdoor Seats		
Proposed Hours for Outdoor Dining			
Will Liquor Be Sold? Yes [No		-
If yes, please follow guidelines set by the Liquor Authority permits for outdoor dining		nd NYS	
The following information must be subr	nitted with this application:		
and cut sheets demonstrating the ty	tion of the outdoor dining area and the pe of barricades, landscaping or other for a casthetic appeal of the area. Hand draw	eatures that	will be utilized to define the
Proof of Insurance: If the outdoor of general liability insurance.	lining area is on the sidewalk or public r	ight-of-way,	you must provide evidence of
Copy of SLA permit.			

Outdoor Dining Agreement I do hereby agree to comply with the following stipulations: 1. The sidewalk and walkway areas will be maintained in a clean and safe condition. 2. The required open portion of the sidewalk will be kept free from any obstructions or encroachments pertaining to the restaurant use and will be compliant with the guidelines set forth in the Americans with Disability Act (ADA). 3. In no event shall the operation of the outdoor dining area reduce the open portion of the sidewalk to less than three feet (3') in width. 4. The business agrees to close the outdoor dining portion at 9 PM. Additionally, I do hereby certify that the information contained in this application and addendums (if applicable) has been furnished by me is true and correct. I understand that any untrue, inconsistent or misleading information shall be cause for the refusal to grant, or the revocation of, any license to operate in the City of Troy. I have read and understand by obligations under appropriate City Ordinances respective to the license(s) for which I am applying. I further certify that if any of the foregoing information changes during the course of the license year, I will notify the City, in writing, within (7) days of such change. Signature Date Print Name Title

		For Office Us	se On l y		
All Inform	ation Received?				
	☐ Site Plan		Furniture S	pecs	
	☐ Hou	☐ Hours of Operation		surance	
	☐ Sign	ed Agreement			
Action:	Approved	☐ Conditiona	lly Approved	☐ Denied	
Terms of	Conditional Approval				
Terms of	Conditional Approval				
Terms of	Conditional Approval				
Terms of	Conditional Approval				
Terms of	Conditional Approval		Date		