



TOWN OF DURHAM
 15 NEWMARKET RD
 DURHAM, NH 03824-2898
 603/868-8064 603/868-8065
 FAX 603/868-8033
 www.ci.durham.nh.us

APPLICATION FOR SIDEWALK CAFES

Date of Application_____

\$25 Fee Paid: Check#_____ Cash_____ Received by_____

Name/Address/Phone # of Applicant

Location of Sidewalk Café

_____	_____
_____	_____
_____	_____

Description of Seating Arrangement for Sidewalk Café (Please provide detailed plan of seating arrangement and layout of pedestrian corridors)

I/we the undersigned hereby agree to indemnify and hold harmless the Town of Durham, its officers, Council members and employees from any loss or liability or damage, including expense and costs, for bodily or personal injury, and for property damage sustained by any person as a result of the installation, use or maintenance of an obstruction placed on a public sidewalk or street, including but not limited to legal fees and costs. **Attached is a certificate of insurance evidencing a current One Million Dollar (\$1,000,000) liability insurance policy naming the Town as a co-insured entity.**

Insurance Carrier: _____
 Policy Number & Expiration _____

I/we the undersigned are responsible for the maintenance and cleanliness of the storefront/sidewalk.

I/we the undersigned must have current license from the Department of Food Service (New Hampshire Food Bureau).

License # _____ Effective dates _____ Expiration date _____

I/we the undersigned have read and fully understand the procedures as established by the Town of Durham in accordance with Ordinance #110-1 through #110-10, and further understand that failure to comply with said procedures may result in the immediate revocation of this permit.

Applicant Signature _____ Date _____

FOR OFFICIAL USE ONLY

Approved_____ Date of Expiration_____

Special Conditions of Approval (if required):

Disapproved_____

Reason for Disapproval:

Zoning Administrator/CEO

Date