

Permit #
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## SIDEWALK DINING WITH ALCOHOL PERMIT APPLICATION

Application must be made through the Department of Public Works & Capital Projects (DPW&CP) at 25 West Market Street, Leesburg, VA 20176 or online at <a href="www.leesburgva.gov/sidewalkdiningpermit">www.leesburgva.gov/sidewalkdiningpermit</a>. A properly executed **Permit Application and copies of Certificate of Insurance and Alcoholic Beverage Control license, along with any other requirements as listed in the Town's Sidewalk Dining with Alcohol Permit Application Process must be submitted before a permit can be issued. If all information is included, the Department of Public Works & Capital Projects usually takes five (5) business days to issue the permit.** 

## **CHECK ONE:**

□ RENEWAL OF PREVIO	OUSLY APPROVED	SIDEWALK DINING WI	TH ALCOHOL PERMIT	
□ NEW PERMIT OR REI	NEWAL WITH PROP	POSED CHANGES		
Applicant Name:				
Property Address:				
Name of Restaurant:				
On-Site Contact(s):				
Restaurant Phone Numbe	r:			
Total Number of Propose	d Outdoor Seats/Tab	oles:		
Total Square Footage of 6 *There must be 5 feet of at all times*	Outdoor Dining Area pedestrian clearanc	n:e between the outer edge	of the outdoor dining ar	ea and the edge of the curb
growing out of or directly relables jurisdiction. I authorize a	my heirs, successors officers from responsated to the use of Town Town official to enterprovisions applicable confers no property ri	and assigns agree to indemsibility, damage or liability wn sidewalks. I agree to coner all areas of the property of to this issued permit. I under the ghts upon my business or many the sidewalks.	nify and hold harmless the on account of injury or dan account of injury or dan form to all applicable fed covered by my issued permeterstand this permit is for the Town of Leesburg.	e Town of Leesburg and all amage to persons or property deral, state and local laws of mit, at a reasonable hour, to sidewalk dining with alcohol, or greserves the right to
Print Name of Applicant			Signature	_
Mailing/Street Address			Telephone	Fax#
City and State	Zip Code		E-mail Address	
Date:				
Signed/Dated in Leesburg, Vi		&CP Representative	, Date	12/31/ Expires