



**OFFICE OF COMMUNITY DEVELOPMENT**

8140 Main Street • Dexter, Michigan 48130-1092 • (734) 426-8303 • Fax (734) 426-5614

**OUTDOOR SEATING PERMIT APPLICATION**

Check if this is the first submittal for this permit:

Property Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

**Application Procedure:** Please provide the following information, attaching the required documents to this permit application.

1. Date the special land use permit was granted by the City Council: \_\_\_\_\_

2. List all conditions placed on the special land use permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the City notified you over the past year indicating failure to comply with the conditions or requirements of the special land use permit?                      Yes                      No

4. Include a copy of a policy or certificate of insurance (including workers compensation), in an amount acceptable to the City, naming the City as an additional insured.

5. If alcohol is served outside of the building you must provide a copy of a liquor liability policy or certificate of insurance naming the City as an additional insured.

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- 6. Provide a completed copy of the City Hold Harmless Agreement.
- 7. Provide any information on conditions that have changed, i.e. location, furniture, hours, etc.

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- 8. Are you requesting to leave the seating furniture outdoors overnight?      Yes      No  
If so, please provide reasoning:

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- 9. What are your proposed hours of operation? \_\_\_\_\_

By signing the application you are acknowledging that the City of Dexter has the right to deny, revoke or suspend an outdoor seating permit if the permit holder has failed to correct violations of the outdoor seating permit within the time specified on the violation notice. You also agree to comply with the rules and regulations set forth in Section 8.11.B.25.

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Owner's Signature	Date	Applicant's Signature	Date
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<b>Staff Review:</b> Fee: \$50	Date Received: _____	Receipt # _____
Approved	Denied	Reviewed by: _____

REASONS FOR DENIAL: \_\_\_\_\_

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**Approval of this permit authorizes the applicant to utilize outdoor seating from April 1, \_\_\_\_\_ to March 31, \_\_\_\_\_**

APPROVAL STAMP: