

APPLICATION FOR SIDEWALK CAFÉ PERMIT
TOWN OF NEW CARLISLE, INDIANA

Date _____

Fee Paid \$ _____

1. PERSONAL DATA

- a. Application's Legal Name _____
 - b. Present Address _____
 - c. Telephone Number _____
 - d. Email Address _____
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2. BUSINESS DATA

- b. Business Address _____
 - c. Business Telephone Number _____
 - d. Proposed Location and Description of Sidewalk Café _____
 - e. Business Hours of Sidewalk Café Operation _____
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The following information is **REQUIRED** for completion of a Sidewalk Café application:

- 1. Completed/signed application, including a fee pursuant to the Town of New Carlisle Town Code Fee Schedule.
 - 2. Drawing(s) and description of proposed sidewalk café showing placement/dimensions of proposed café
 - 3. Completed/signed Agreement
 - 4. Provide a Certificate of Public Liability Insurance including Town of New Carlisle as a co-insured
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3. AFFIRMATION

I, the undersigned, agree that I will abide by all of the provisions of the applicable Town of New Carlisle zoning code, 152.116 (C) 12. (a), 152.117 (C) 11. (a) or 152.118 (C) 11. (a) and with all the provisions stated in the above as conditions of the issuance of this Permit. I further agree to indemnify, defend and hold harmless the Town of New Carlisle from any liability, loss cost, damage or expenses, including attorney fees, which the Town may suffer or incur as the result of any use of the public sidewalks for a sidewalk sale as permitted herein. I do hereby certify and affirm that all the information given in this application is true to the best of my knowledge.

Date _____

Signature of Application

Printed Name

Title

Return completed form to the Town of New Carlisle Clerk's Office

Office Use Only

_____Approved _____Denied, Please see attached

Code Enforcement Officer

Town of New Carlisle Council

Date returned to Permittee _____

