

SIDEWALK CAFE APPLICATION

APPLICATION TYPE: FIRST TIME CAFÉ PERMIT RENEWAL (NO CHANGES) PERMIT RENEWAL (MODIFIED DESIGN)

Restaurant/Cafe Name:	_____		
RESTAURANT/CAFE ADDRESS:	_____		
Legal Name (as shown on Articles of Incorporation)	_____		
Email Address:	_____		
Name of Applicant:	_____	Phone:	_____
Mailing Address:	_____	Postal Code:	_____

INCLUDED WITH SUBMISSION (APPLICATION WILL NOT BE ACCEPTED IF THESE ITEMS ARE NOT PROVIDED)	
1.	<input type="checkbox"/> New Drawing Provided OR <input type="checkbox"/> Updated Drawing Layout Provided OR <input type="checkbox"/> Same Layout as the Previous Year
2.	<input type="checkbox"/> Certificate of Insurance (reference Certificate of Insurance requirements found on website):
3.	<input type="checkbox"/> A tent is proposed & all information required within the Cafe Guidelines are provided OR <input type="checkbox"/> Tents are NOT proposed
4.	<input type="checkbox"/> Lighting is proposed & all information required within the Cafe Guidelines are provided OR <input type="checkbox"/> Lighting is NOT proposed
5.	<input type="checkbox"/> Cafe Checklist (Parklet & Curbside Cafes ONLY)

<input type="checkbox"/> STANDARD SIDEWALK CAFE		SERVING LIQUOR <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAFE DURATION: <input type="checkbox"/> 3 Season - March 1 st to November 30 th		HEATING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Year Round (1 heater per 10 person capacity is required)		Fuel Type: _____ Number of Heaters: _____	
RAILING OPTION (SELECT ONE):			
<input type="checkbox"/> No Railings (if serving alcohol, the area must be clearly defined as per AGCO requirements)			
<input type="checkbox"/> Pre-Approved Railings Option: <input type="checkbox"/> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 2c			
<input type="checkbox"/> Non-Standard Railings Railing Height (36" MIN-40" MAX): _____ Railing Colour: _____ Drawing Provided <input type="checkbox"/>			

<input type="checkbox"/> PARKLET CAFE (APRIL 1 ST TO NOVEMBER 15 TH)		SERVING LIQUOR <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 42" Railing Height: Material: <input type="checkbox"/> Galvanized HSS Steel <input type="checkbox"/> Wood		HEATING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Catchbasin/Manhole/Utility Vault located within Proposed Location (**Access Panel Required**)		Fuel Type: _____ Number of Heaters: _____	

<input type="checkbox"/> CURBSIDE CAFE DETOURED WALKWAY (APRIL 1 ST TO NOVEMBER 15 TH)		SERVING LIQUOR <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 42" Railing Height: Material: <input type="checkbox"/> Galvanized HSS Steel <input type="checkbox"/> Wood		HEATING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Catchbasin/Manhole/Utility Vault located within Proposed Location (**Access Panel Required**)		Fuel Type: _____ Number of Heaters: _____	

I / We acknowledge that the information requested on this form is collected under the authority of *The Municipal Act, R.S.O. 2001* as amended. The information is required in order to process the application to administrative staff for review. The name and business address of the applicant and/or authorized agent is public information. The address of the property, which is the subject of the application, is also public information. Any other personal information will only be used for internal purposes.

Questions about the collection of information can be made to the Freedom of Information Co-ordinator, Council and Customer Services, PO 1607, 350 City Hall Square West, Windsor, ON N9A 6S1, 519-255-6285.

I / We acknowledge receiving a copy of the sidewalk cafe general conditions appended to this form as Schedule 'A', have read and agree to adhere to the same.

I / WE ACKNOWLEDGE THAT NON-COMPLIANCE WITH ANY GENERAL CONDITIONS, BY-LAW 25-2010, THE REQUIREMENTS OF THE SIDEWALK CAFÉ HANDBOOK, THE ALLOWABLE LIMITS OF THE SIDEWALK CAFÉ AS SHOWN ON THE DRAWING FROM THE ENGINEERING DEPARTMENT AND / OR ANY SPECIAL CONDITIONS AS SET OUT ON THE PERMIT, OR ANY MISREPRESENTATIONS RELATING TO THIS APPLICATION, MAY RESULT IN THE PERMIT BEING REVOKED.

APPLICANT'S SIGNATURE : _____ **Date:** _____

TITLE: _____

* If the applicant is a Corporation, I have the authority to bind the Corporation.

FOR INQUIRIES REGARDING YOUR APPLICATION, PLEASE CONTACT:

RIGHT-OF-WAY DEPARTMENT
Telephone: 519-255-6257, EX. 6483 or 6359
Email: engineeringdept@citywindsor.ca



**THE CORPORATION OF THE CITY OF WINDSOR
STANDARD CERTIFICATE OF INSURANCE**

**This form must be completed and signed by your insurer or insurance broker.
Proof of insurance will be accepted on this form only, with no amendments.**

Named Insured (Legal Name): 123456 Ontario Limited o/a ABC Company	Insured must be Legal Name as found in the Articles of Incorporation or Business Licence	Fax no. 519-555-5678
Named Insured's mailing address: 123 Main Street, Windsor, ON A1A 1A1		

City of Windsor Contract/File/Tender/Permit No. <input type="checkbox"/>	Location & Description of Work / Activity to which this Certificate applies:
Sidewalk Café	Located at 12 Main Street, Windsor ON Coverage included use of portable heater(s) at the Sidewalk Café

Must include "Sidewalk Cafe"

Must list address of sidewalk cafe. Must also include coverage for heaters (if any)

COVERAGES

This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) indicated.

Type of Insurance	Insurance Company	Policy Number	Effective Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Limits of Liability
General Liability Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.	XYZ Insurance Company	CGL000000111	01/01/20XX	01/01/20XX	\$2,000,000.00
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess					
<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Installation Floater					
<input type="checkbox"/> Wrap-up Insurance					
<input type="checkbox"/> Environmental					
<input type="checkbox"/> Contractors Equipment Insurance					
<input type="checkbox"/> Boiler & Machinery					
<input type="checkbox"/> Professional Liability / Errors and Omissions					
<input checked="" type="checkbox"/> Liquor Liability	XYZ Insurance Company	CGL000000111	01/01/20XX	01/01/20XX	\$2,000,000.00
<input type="checkbox"/> Property/Homeowner					
<input type="checkbox"/> Tenant's Legal Liability					
Automobile Liability Must cover all vehicles owned, or operated by, or on behalf of the Insured.					

Must be occurrence based and have cross liability coverage

Could be higher if portable heater is used

Proof of Liquor Liability coverage required if licensed establishment

"The Corporation of the City of Windsor" must be listed as additional insured

ADDITIONAL INSURED	Legal Name of Other Additional Insured
<input checked="" type="checkbox"/> THE CORPORATION OF THE CITY OF WINDSOR <input type="checkbox"/> YOUR QUICK GATEWAY (WINDSOR) INC. <input type="checkbox"/> WINDSOR POLICE SERVICES BOARD <input type="checkbox"/> ROSELAND GOLF & CURLING CLUB LIMITED <input type="checkbox"/> THE WINDSOR PUBLIC LIBRARY BOARD	

has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.

CANCELLATION

Should any of the above described policies be cancelled or changed before the expiration date thereof, the insurer will provide thirty (30) days written notice to:

The Corporation of the City of Windsor
Attention: Risk Management
403-400 City Hall Square East
Windsor, ON N9A 7K6
 Fax: (519) 255-9891
 email: coi@citywindsor.ca

Must include address of certificate holder/additional insured

Must include 30 day notice of cancellation

CERTIFICATE AUTHORIZATION

This certificate is executed and issued on _____ below.		
Name of insurance company or broker John Doe Insurance Company	Email Address jdoe@insurance.ca	Telephone no: 519-555-9876
Address: 567 Oak Street, Windsor, ON Z9Z 9Z9		Fax no: 519-555-5432
Authorized Representative (please print): Tom Smith	Signature of authorized representative:	Date (mm,dd,yyyy): 01/01/20xx

Requires signature of insurance company or broker authorized representative



**THE CORPORATION OF THE CITY OF WINDSOR
STANDARD CERTIFICATE OF INSURANCE**

**This form must be completed and signed by your insurer or insurance broker.
Proof of insurance will be accepted on this form only, with no amendments.**

Named Insured (Legal Name):	Telephone no.	Fax no.
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Named Insured's mailing address:

City of Windsor Contract/File/Tender/Permit No.	Location & Description of Work / Activity to which this Certificate applies:
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COVERAGES

This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) listed below, to the Named Insured above, for the policy period indicated.

Type of Insurance	Insurance Company	Policy Number	Effective Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Limits of Liability
General Liability Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.					
<input type="checkbox"/> Umbrella					
<input type="checkbox"/> Excess					
<input type="checkbox"/> Builder's Risk <input type="checkbox"/> Installation Floater					
<input type="checkbox"/> Wrap-up Insurance					
<input type="checkbox"/> Environmental					
<input type="checkbox"/> Contractors Equipment Insurance					
<input type="checkbox"/> Boiler & Machinery					
<input type="checkbox"/> Professional Liability / Errors and Omissions					
<input type="checkbox"/> Liquor Liability					
<input type="checkbox"/> Property/Homeowner					
<input type="checkbox"/> Tenant's Legal Liability					
Automobile Liability Must cover all vehicles owned, or operated by, or on behalf of the Insured.					

ADDITIONAL INSURED	Legal Name of Other Additional Insured
<input checked="" type="checkbox"/> THE CORPORATION OF THE CITY OF WINDSOR <input type="checkbox"/> YOUR QUICK GATEWAY (WINDSOR) INC. <input type="checkbox"/> WINDSOR POLICE SERVICES BOARD <input type="checkbox"/> ROSELAND GOLF & CURLING CLUB LIMITED <input type="checkbox"/> THE WINDSOR PUBLIC LIBRARY BOARD	

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Attention: Risk Management
403-400 City Hall Square East
Windsor, ON N9A 7K6
 Fax: (519) 255-9891
 email: coi@citywindsor.ca

CERTIFICATE AUTHORIZATION

This certificate is executed and issued to The Corporation of the City of Windsor on the date written below.

Name of insurance company or broker completing form:	Email Address	Telephone no:
Address:		Fax no:
Authorized Representative (please print):	Signature of authorized representative:	Date (mm,dd,yyyy):