



CITY OF BELLFLOWER
 PLANNING DIVISION
 16600 CIVIC CENTER DR.
 BELLFLOWER, CA 90706
 562-804-1424
www.bellflower.org

STAFF USE ONLY

| | | |
|-----------------------|-------|--------------|
| PROJECT CASE NO.: | | RECIEPT NO.: |
| BUSINESS LICENSE NO.: | | RECEIVED BY: |
| ZONE: | AREA: | APN: |

Outdoor Dining Permit

Complete this application thoroughly and attach all required documentation. Please note that incomplete applications will not be accepted. Should you have any questions regarding how to complete this application please contact the Planning Division.

Check all applicable:

| | | |
|--|-----|--|
| <input type="checkbox"/> Outdoor Dining | At: | <input type="checkbox"/> Public Sidewalk / City Property |
| <input type="checkbox"/> With Alcohol | | <input type="checkbox"/> Private Property |
| <input type="checkbox"/> Without Alcohol | | <input type="checkbox"/> Other: |

Business / Organization Name: _____ **Title:** _____
 Daytime Telephone: _____ Evening Telephone: _____
 Mailing Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Applicant Name*: _____ **Title:** _____
 Daytime Telephone: _____ Evening Telephone: _____
 Mailing Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

* If the permit is obtained on behalf of an organization, provide written documentation of the authority under which the applicant is applying for the permit on behalf of the organization.

Emergency Contact: _____
 Daytime Telephone: _____ Evening Telephone: _____

Property Owner: _____ Telephone: _____
 Mailing Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Outdoor Dining Description / Narrative (hours and days of operation of the outdoor dining area, use of amplified sound and/or music, installation of lighting, landscaping and/or awnings, tables and chairs, signs, umbrellas, etc.):

I hereby affirm under penalty of perjury that the foregoing statements, facts and attachments are true and correct. I understand that this application for entitlement may be denied, modified or approved with conditions, and that such conditions or modifications must be satisfied prior to conducting outdoor dining. I understand that by filing the application, information on the application including, but not necessarily limited to, the name and address will be included on public records.

| | | | |
|----------------------------|------|-----------------------|------|
| Property Owner's Signature | Date | Applicant's Signature | Date |
|----------------------------|------|-----------------------|------|

Submittal Requirements

- Completed Outdoor Dining Permit form signed by the property owner
- Two (2) copies of a diagram (drawn to scale and dimensioned) showing the proposed location of the outdoor dining area (including, without limitation, all tables, seating and signage) and any outdoor structures/facilities
- Two (2) sets of graphical depiction, such as sample photographs, depicting the appearance of the outdoor dining area (including, without limitation, all tables, seating and signage) and any outdoor structures/facilities
- Two (2) copies of a safety plan showing how the patrons will be protected from vehicular traffic; decorative barriers must be provided
- Liability Insurance
- Supplemental Materials (i.e., photometric plans, outdoor dining materials):
- Application Fee