



# Downtown Sidewalk Dining Liquor Permit

All applications, licenses and permits are subject to approval.

**Business Name**

**Business Address**

**Business Phone Number**

**Email Address**

**Name of Applicant**

**Current City Liquor License Number**

**City Liquor License Classification**

- Restaurant with Lounge
- Restaurant

**Date**

**Signature**

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## For Office Use Only

Subscribe and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor