



Outdoor Dining (Private Property) Administrative Use Permit (AUP) Application

Property Information			
Project Address (include suite/unit number if applicable):			
Assessor Parcel Number(s)			
Lot Size (sq. ft.)			
Applicant Information		Primary Contact (if different from the applicant)	
Name:		Name:	
Company Name:		Company Name:	
Address:		Address:	
Phone:		Phone:	
E-mail:		Email:	
Property Owner(s) Information (if different from the applicant)			
Name:		Name:	
Address:		Address:	
Phone:		Phone:	
E-mail:		E-mail:	
Project Information			
Business Name:			
Business operational status (Select one)		<input type="checkbox"/> Currently open for business at project address as of (MM/YYYY): _____ <input type="checkbox"/> Not yet open for business at project address (coming soon).	
Business Type (Select one):		<input type="checkbox"/> Restaurant (counter service) <input type="checkbox"/> Restaurant (table service) <input type="checkbox"/> Food Retail (e.g., café, bagel shop, juice bar) <input type="checkbox"/> Other: _____	
Does the business have an existing AUP for alcohol sales?		<input type="checkbox"/> YES. AUP permit number: _____ <input type="checkbox"/> NO, the business does not currently sell alcohol: <input type="checkbox"/> NO, the business sells alcohol but is located more than 300 feet from a residential zone or school. <input type="checkbox"/> N/A (the business has not opened for business at this location yet).	
Does the business propose to sell alcohol within the outdoor dining area?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Interior tenant space gross floor area (sq. ft.)			
Indoor seating area (sq. ft.):	Existing:	Proposed:	
Outdoor dining area (sq. ft.)	Existing (as permitted by an existing AUP):	Proposed:	
Proposed hours of operation:	Indoor Dining:	Outdoor dining:	

Number of tables and chairs/seats	Tables:	Chairs/Seats:
Proposed outdoor dining enclosure (select all that apply):	<input type="checkbox"/> Planter boxes <input type="checkbox"/> Fences/site walls <input type="checkbox"/> Railing <input type="checkbox"/> Other: _____	
Proposed fixtures/furniture other than tables/chairs (select all that apply):	<input type="checkbox"/> Planter box(es) <input type="checkbox"/> Shade Umbrella(s) <input type="checkbox"/> Shade structure(s) (pergola, trellis) <input type="checkbox"/> Outdoor heating device(s) <input type="checkbox"/> Surface/Flooring (e.g, wood deck, tiles, pavers, etc.) <input type="checkbox"/> Other: _____	
Will the outdoor dining area be located within an existing parking lot?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will the outdoor dining area replace or reduce access to existing parking spaces?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many parking spaces will be impacted? _____	
Property Owner's Statement		Applicant's Statement
I declare that I am the owner of the property described in this application or am legally empowered to act on behalf of the owner, and that the information submitted is true, complete, and correct to the best of my knowledge. In addition, I give consent to the applicant to proceed with the above application.		As the applicant, I will adhere to the terms and conditions of the application if an approval is granted. In addition, I understand that while it is the City's policy to provide notice during the application process, it is the applicant's responsibility to track the dates of any hearing or approval expirations.
Print Name _____		Print Name _____
Signature _____		Signature _____
Date _____		Date _____