



# CITY OF CHILLICOTHE

Office of the City Clerk 908 N SECOND ST., PO BOX 145, CHILLICOTHE, IL 61523 (309)274-5518

## APPLICATION – SIDEWALK CAFE

**IMPORTANT – READ CAREFULLY** – This application properly completed and signed must be filed with the City Clerk and must be accompanied by \$50.00 application fee.

The undersigned hereby makes application for Sidewalk Cafe \_\_\_\_\_ Date

(Please type or print plainly)

### APPLICANT INFORMATION

Name of Applicant's: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### DOCUMENTS

Did you attach the following documents?

Plan of operation: Yes No

Certificate of Liability Insurance with the City named as an additional insured: Yes No

Application fee of \$50.00: Yes No

### VERIFICATION

Did you review the attached ordinance? Yes No

Alcohol will be served at this sidewalk café? Yes No

I affirm that I reviewed this application, and the attached documents, and that the information and documents are true and correct.

Signature: \_\_\_\_\_

#### FOR OFFICE USE ONLY

*FEE RECEIVED*		*LICENSE INFORMATION*		
Date received by clerk:				Date issued:
Cash	Check			