



CITY OF NEW HAVEN- DEPT. PUBLIC WORKS
 34 MIDDLETOWN AVENUE
 NEW HAVEN, CT 06513
 Telephone (203) 946-7700
 Fax (203) 946-7357



Jeffrey Pescosolido
 Director

Permit & License Center - Contractors Division
 200 Orange Street, Room 501
 Phone: 203-946-5758 Fax: 203-946-8049

Toni N. Harp
 Mayor

OUTDOOR SEATING BUSINESS LICENSE APPLICATION

Select One: New Applicant Renewal Applicant

Applying As: Individual Manager Owner Corporate Agent

BUSINESS INFORMATION:

License Is Hereby Granted To: _____
 (Name under which the **Outdoor Seating** is to be operated)

Address: _____ Telephone No: _____
 (Address under which the **Outdoor Seating** is to be operated)

Total Outdoor Seats to be used: _____ Current Number of Indoor Seating Capacity: _____

OWNER INFORMATION:

Owner Name: _____
 (First/M. I./Last Name)

Owner Address: _____
 (Street Address) (City) (State) (Zip)

Owner Telephone No: _____ Email: _____

APPLICANT INFORMATION:

Applicant Name: _____
 (First/M. I./Last Name)

Applicant Address: _____
 (Street Address) (City) (State) (Zip)

Home Phone: _____ Sex: Male Female Last 4 Digits of Social Security No. _____

Birth Date: _____ Age: _____ Valid Photo ID# _____ Issuing State _____

Type of Identification:

Driver License Non-Driver License Passport Issued ID Other (Please Specify): _____

I/We, hereby agree to abide by all of the rules and regulations pertaining to **OUTDOOR SEATING** as defined by the City of New Haven General Code of Ordinances and Connecticut General Statutes. Once issued a business license is non-transferable, no refund will be issued, and is subject to the provisions of the City of New Haven General Code of Ordinances and Connecticut General Statutes applicable to the activity for which the license is granted.

By signing this application the Applicant is authorizing the City of New Haven to complete a background check on individuals, partners or officers of the entity to which the business license is issued. The Applicant further certifies that a copy of the City of New Haven Ordinance Rules & Regulations governing this business license has been received.

Signature: _____ Date Signed: _____



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CERTIFICATION ACKNOWLEDGMENT

I hereby certify that I have read the **Ordinances** and/or **Rules/Regulations** which pertain to **Outdoor Seating License** operations for the City of New Haven. I understand that I must comply with these **Ordinances** and/or **Rules/Regulations** at all times or be subject to enforcement actions by the City of New Haven.

I fully understand that if the **Outdoor Seating** application is denied by the City of New Haven, I will be entitled to a full refund. However, I further understand that if I withdraw the application for any other reason, there will be a fifty dollar (\$50.00) administrative processing fee withheld from payment reimbursement. Once issued a permit or license is non-refundable and non-transferable.

NAME (Please print your name. This permit/license is hereby granted to)

YOUR SIGNATURE

BUSINESS NAME OF PERMIT/LICENSE

DATE