**TOWN OF NEW MILFORD**

**Office of the Mayor**

**10 Main Street, New Milford, Connecticut 06776**

**Telephone 860-355-5001 •**

# **Request for: TEMPORARY OUTDOOR DINING**

## **PropertyOwner/Contact’sName:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include entity’s principal’s name and mailing and street address if Property Owner is not an individual

**Restaurant Name, Location Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a request to use Public or Town Owned space for a dining area? Yes No

## **Request Checklist:**

* Provide a legible 8½ x 11 map/diagram of temporary outdoor dining location, including placement of tables and chairs, measurement between tables, safety barriers, etc.
* Hours of operation of outdoor dining (not to exceed restaurant hours)
* Secured tent: Tent cannot have sides and if 700 square foot or larger will need a no fee permit and inspection from Fire Marshal
* Acknowledgement of responsibility for maintaining Safe Workplace Rules and Safe Store Rules
* Certificate of Insurance from insurance company naming The Town of New Milford if using Public or Town owned property.

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The establishment owner/operator represents and warrants that they have reviewed and will abide by the Governor’s “Reopen Connecticut” Guidelines for Restaurants dated May 8, 2020 and the Mayor’s Executive Order of May 13, 2020. Failure to comply will result in suspension or revocation of Temporary Outdoor Dining. All Temporary Outdoor Dining areas are required to be closed within 48 hours following the termination of the Connecticut Public Emergency Declaration by Governor Lamont or Executive Order issued by Mayor Bass, or at such date and time specifically identified for the closing of all Temporary Outdoor Dining areas.

Signature Printed name

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**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Fire Marshal**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Department**

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mayor**

**There is No Fee for Temporary Outdoor Dining Approval**

For Official Use Only

**APPROVED DATE OF ISSUANCE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_