CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
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TEMPORARY C-19 SEASONAL OUTDOOR SERVICE AREA APPLICATION

LICENSES ARE NOT TRANSFERRABLE
NO FEE REQUIRED
{This application is subject to review by the public}

This application is for current On-Sale Liquor, Wine and/or Beer license holders who want to temporarily expand their currently licensed Outdoor Service (Patio) or Sidewalk Cafe service area(s) OR add a Temporary C-19 Seasonal Outdoor Service Area license.

Date: _____

Establishment Name: _____

Establishment Address: _____

Applicant/Responsible Party Name: _____

Contact Name & Title: _____

Contact Phone Number: _____ Contact Email: _____

Temporary Seasonal Outdoor Service Area Requirements (for establishments with an active annual liquor license)

- Attach Site Plan drawing of the compact and contiguous area in which the proposed expansion of alcohol service will take place to include table and chair placement
- Attach Management Agreement **only if** proposed alcohol service area(s) is not owned by applicant
- Attach Certificate of Insurance **only if** applicant proposes to establish new service area(s) on public property (e.g. sidewalk) or expand the service area of an active Liquor Sidewalk Café license. (No insurance submittal is required for applicants who apply to expand to privately-owned areas such as adjacent parking areas.

I will comply with the industry guidance released by the Minnesota Department of Employment and Economic Development which allows bars and restaurants to safely reopen on June 1, 2020.

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all the preceding questions and the information contained herein is true and correct to the best of my knowledge and belief. I hereby further state I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

_____ _____ _____

Applicant Signature (Required) Title Date