



1010 Tenth Street, P.O. Box 642, Modesto, CA 95353
(209) 571-5569 ▪ (209) 577-5461 fax

Outdoor Dining Permit Checklist

To obtain an Outdoor Dining Permit, fill out the required application and include all necessary information. To ensure the application will be processed in a timely manner, complete the entire application and provide all requested copies. No owner or operator of a business establishment shall occupy any portion of a public sidewalk, court, plaza, alley or street with tables and chairs for outdoor dining without first obtaining a revocable encroachment permit in accordance with the provisions of this article section 4-15.103. Failure to obtain an outdoor dining permit can result in penalties under the ordinance. Your establishment/business can be cited under Municipal Code 4-15.307.

Filing Fees

- Outdoor Dining Application Fee (Non-Refundable) - \$200
- Barrier Removal Deposit - \$250 (for fixed barriers only)

Filing Requirements

- Three complete sets of the entire permit application package as outlined below

Contents of Application Package Items listed below are minimum application requirements. Additional information may be necessary for clarification during the review process.

- Copy of City of Modesto Business License
- Copy of Alcohol Beverage Control (ABC) license and map
- Executive Summary of your business (scope of business)
- Site Plan showing the location, number, type/style and arrangement of the tables & chairs, the location of the entrance to the business and the location of any existing sidewalk obstructions in the proposed outdoor dining area
- Liability Insurance Policy naming the City of Modesto as Certificate holder and a separate Additional Insured Endorsement
- Detailed description of barrier materials, where applicable, including dimensions and specifications (photos or catalog pictures will be helpful in expediting your application).



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| | |
|-----------------|--|
| Application Fee | |
| Permit Fee | |
| Payment Date | |
| Date Received | |
| Project No. | |

Outdoor Dining Permit Application

REQUEST: New Application Change in Application

BUSINESS: Sole Proprietor Corporation Partnership

SECTION A

APPLICANT INFORMATION (person responsible for this permit application):

1.

| | | | |
|-------------------|----------------|-----------|----------|
| First Name | Middle Initial | Last Name | |
| Residence Address | City | State | Zip Code |
| Residence Phone | Email | | |

BUSINESS INFORMATION:

1.

| | | | |
|------------------|------------------|--------|----------|
| Name of Business | Type of Business | | |
| Business Address | City | State | Zip Code |
| Business Phone | Fax No: | Email: | |

NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO WILL HAVE DIRECT AUTHORITY AND/OR CONTROL OF PREMISES:

1.

| | | | |
|-------------------|----------------|-----------|----------|
| First Name | Middle Initial | Last Name | |
| Residence Address | City | State | Zip Code |
| Residence Phone | Business Phone | | |

2.

| | | | |
|-------------------|----------------|-----------|----------|
| First Name | Middle Initial | Last Name | |
| Residence Address | City | State | Zip Code |
| Residence Phone | Business Phone | | |

3.

| | | | |
|-------------------|----------------|-----------|----------|
| First Name | Middle Initial | Last Name | |
| Residence Address | City | State | Zip Code |
| Residence Phone | Business Phone | | |

NAME AND ADDRESS OF PERSON AUTHORIZED TO ACCEPT SERVICE OF PROCESS:

1.

| | | | |
|---------------------------|----------------|-----------|----------|
| First Name | Middle Initial | Last Name | |
| Mailing Address | City | State | Zip Code |
| Name and Address of Owner | | | |

Premises: Leased Owned Rented

SECTION B

NAME(S) AND ADDRESS(ES) OF OFFICER(S)/DIRECTOR(S)/OR PARTNERS (use additional sheets, if necessary):

1.

| | | | |
|-------------------|------|-----------|----------|
| First Name | MI | Last Name | Title |
| Residence Address | City | State | Zip Code |

2.

| | | | |
|-------------------|------------|-------|-----------|
| Corporation Title | First Name | MI | Last Name |
| Residence Address | City | State | Zip Code |

3.

| | | | |
|-------------------|------------|-------|-----------|
| Corporation Title | First Name | MI | Last Name |
| Residence Address | City | State | Zip Code |

SECTION C

PROPOSED BUSINESS ACTIVITY:

Present Use of Premises (i.e., bar, restaurant, rental hall) _____ ABC License Type _____

DAYS/HOURS OF OPERATION:

Alcohol sold after midnight? Yes No

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| From: | From: | From: | From: | From: | From: | From: |
| To: | To: | To: | To: | To: | To: | To: |

CONSTRUCTION/RENOVATION:

Describe any construction, renovation or other improvements planned for building and the timetable for completion.

Do you have permits for this work? Yes No If NO, have you applied and when? _____

DECLARATION

I, _____ declare under penalty of perjury that the foregoing is true and correct.
I understand and agree to the following:

- _____ that any false or incomplete information provided by me in connection with this application
Initial Here constitutes cause to either deny the requested permit or revoke the permit if granted, and
- _____ if this permit is granted, I must update any information should it change, and
Initial Here
- _____ all of the provisions set forth in Modesto Municipal Code section 4-15 et. seq. a copy of
Initial Here which I received as a part of this application package, and
- _____ this permit, if granted, is not transferrable and will be revoked upon transfer or sale of the
Initial Here business.

Date

Signature of Applicant

Office Use Only

| | | | | |
|-----------------|------------------------------|-----------------------------------|---------------------------------------|--|
| Police | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Comments Attached |
| Fire | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Comments Attached |
| Planning | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Comments Attached |
| CEDD | <input type="checkbox"/> N/A | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Comments Attached |
