



Applicant Information for Sidewalk Dining:

- New Applicant
- Renewal

Onsite Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Information for Individual in charge of account (Only if different than above):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

- Include: Drawings/plans of dining set up with measurements
- Include Certificate of Insurance for Liability – naming the City of Charlotte as additional insured and the Certificate Holder