



Sidewalk Dining & Hospitality License New Application

Business Information					
Name of Business to be Licensed:			E-Mail Address:		
Business Address					Business Phone:
Mailing Address	Street:	City:	State:	Zip:	
If a corporation or partnership, please list names, addresses and birthdates of all officers/directors/partners:					
Name:	Street:	City:	State:	Zip:	Birth Date:
Name:	Street:	City:	State:	Zip:	Birth Date:
Name:	Street:	City:	State:	Zip:	Birth Date:
Manager Information					
Place of Business Managed by:		Contact Name:		Contact Phone Number:	
Address	Street:	City:	State:	Zip:	E-Mail Address:

- PLEASE INCLUDE:**
- Fee (\$3.50 per square foot) & 10% late fee if renewal paid after November 15
 - Certificate of insurance
 - Signed permission from adjacent property owner(s) & tenant(s)
 - Copy of Kansas Food Service Establishment License
 - Copy of sales & liquor tax reports for previous 12 months
 - Right-of-Way Agreement (For new licenses or if ownership has changed)

I hereby agree to comply with the rules and regulations of the City of Lawrence concerning sidewalk dining establishments. I have read Chapter 6, Article 12, of the City Code of Lawrence, Kansas, and understand the regulations therein. https://lawrenceks.org/attorney/city_code/ All documents required by the City Code have been submitted with this application and a site plan has been submitted to the City Planning Department.

By submitting this application, I hereby agree to at all times save and hold harmless the City of Lawrence, Kansas from all liability, costs, damages, and expenses of any kind, for the payment of which the City may become liable to any person, firm or corporation by reason of any claim or damages arising from the failure of the licensee, its employees, agents, servants, invitees, and patrons to exercise due care and diligence in the use of the sidewalk.

 APPLICANT'S NAME (Printed)

 APPLICANT'S SIGNATURE

 DATE

City Clerk Office
 (785) 832-3200
cityclerk@lawrenceks.org
http://lawrenceks.org/city_clerk



City of Lawrence
Sidewalk Dining & Hospitality License
Adjacent Property Owner & Tenant Permission
FOR NEW LICENSES ONLY

Date: _____

Name of Business:		Name of Business Owner:		E-Mail Address:	
Business Mailing Address	Street:	City:	State:	Zip:	Business Phone:

As OWNER of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Owner Name:		Owner Signature:		Date:	
Address of Owner	Street:	City:	State:	Zip:	

As OWNER of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Owner Name:		Owner Signature:		Date:	
Address of Owner	Street:	City:	State:	Zip:	

As TENANT of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Tenant Name:		Tenant Signature:		Date:	
Address of Tenant	Street:	City:	State:	Zip:	

As TENANT of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Tenant Name:		Tenant Signature:		Date:	
Address of Tenant	Street:	City:	State:	Zip:	

As TENANT of a property located next to the above referenced business establishment, I do not hold any objection to the stated business establishment's Sidewalk Dining License.					
Tenant Name:		Tenant Signature:		Date:	
Address of Tenant	Street:	City:	State:	Zip:	