



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4634 **Fax:** 954.786.4666

Sidewalk Café Permit

A NON-REFUNDABLE FEE OF \$20.00 FOR THE FIRST FOUR TABLES PLUS \$20 FOR EACH ADDITIONAL TABLE IS REQUIRED.

REVIEW STANDARDS: Zoning Code Section 155.4303.V

3. The following standards are applicable only to Sidewalk Cafes:

- A. A sidewalk café permit expires annually on September 30. Current Certificate of Liability Insurance is required with renewal.
- B. Insurance / hold harmless requirements
 - i. The operator of the eating or drinking establishment shall enter into a Hold Harmless agreement with the city that has been approved as to form by the City Attorney and includes the following:
 - ii. Ensures that the operator is adequately insured against and indemnifies and holds the city harmless for any claims for damages or injury arising from sidewalk dining operations, and will maintain the sidewalk seating area and facilities in good repair and in a neat and clean condition:
 - a. Commercial general liability insurance in the amount of \$1,000,000.00, per occurrence, for bodily injury and property damage; and
 - b. The city must be named as an additional insured on this policy, and a certificate of insurance containing an endorsement must be issued as part of the policy.
 - iii. For sidewalk cafes which serve alcoholic beverages, alcoholic-license liability insurance in the amount of \$1,000,000.00 per occurrence for bodily injury and property damage. The city must be named as an additional insured on this policy and a certificate of insurance containing an endorsement must be issued as part of the policy.
 - iv. Authorizes the city to suspend authorization of the outdoor seating use, and to remove or relocate or order the removal or relocation of any sidewalk seating facilities, at the owner's expense, as necessary to accommodate repair work being done to the sidewalk or other areas within the right-of-way containing or near the outdoor seating area.

4. Revocation of Sidewalk Café Permit

The approval of a sidewalk cafe permit is subject to revocation at all times. A sidewalk cafe permit may be revoked or suspended if it is found that:

- A. The permit holder does not have insurance which is correct and effective in the minimum amounts described in Section 155.4303.V.3.c.i.B;
- B. Any necessary business or health permit or license has been suspended, revoked or canceled;
- C. The permit holder exceeds the approved square footage by placing any additional tables, chairs, etc., beyond the approved area;
- D. The permit holder has failed to correct violations of this article or conditions of this permit within 72 hours of receipt of the notice of violations delivered in writing to the property; or.
- E. The site is not in compliance with the approved outdoor seating site plan.

APPLICATION CHECKLIST

<input type="checkbox"/>	Original Sidewalk Café Permit Application & applicable fees (due at permit submission);	<input type="checkbox"/>	Original Hold Harmless Agreement;
<input type="checkbox"/>	Original Zoning Certificate Application & applicable fees (due at permit pick-up);	<input type="checkbox"/>	Original Landowner's Consent to Operate a Sidewalk Café form;
<input type="checkbox"/>	Original Business Tax Receipt Application & applicable fees (due at permit pick-up);;	<input type="checkbox"/>	Copy of a valid certificate of liability insurance in the amount of \$1,000,000 showing the City as additionally insured;
<input type="checkbox"/>	Completed template with interior floor plan dimensions, outdoor café area dimension, and shows all tables, seats, walkways and any other proposed building or site features; parking calculations may be required;	<input type="checkbox"/>	Copy of a valid liquor license, if applicable.
<input type="checkbox"/>	Copy of a valid Business Tax Receipt for existing business and;	<input type="checkbox"/>	Any other documents necessary to demonstrate compliance with 155.4303 V.
<input type="checkbox"/>	Outdoor furniture specifications	<input type="checkbox"/>	Current survey



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One (1) copy of the approved plans must be stored on-site and made available to City Code Compliance or BTR inspector upon request. This application shall be reviewed for compliance with city ordinances and must be approved by the Development Services Department, Fire Rescue, BTR, Building, and any other city department deemed necessary by city staff.

Yes No Existing restaurant at this location. If yes, include copy of current Business Tax Receipt.

BUSINESS NAME

APPLICANT'S

NAME BUSINESS ADDRESS

APPLICANT HOME ADDRESS

BUSINESS PHONE NUMBER

HOME PHONE

BUSINESS FAX NUMBER

E-MAIL ADDRESS

Application is hereby made for the Sidewalk Cafe permit described hereon. The undersigned has reviewed this application and all information contained herein is true and correct. I understand that this is an application only and submission thereof does not authorize me to begin operation of the Sidewalk Cafe. I may begin operation only after a permit has been issued. I acknowledge that the application fee is non-refundable. I understand that the application, attachments and fees become public record. I also acknowledge that the payment of the application fee does not guarantee approval. Any questions regarding this process shall be directed to the Development Services Department. I have read "City Code Chapter 155.4303V, Outdoor Dining" and understand the regulations pertaining to sidewalk cafes. I acknowledge I must submit a Certificate of Liability Insurance listing the City of Pompano Beach as an additional insured annually to renew this permit.

APPLICANT'S SIGNATURE

DATE



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Sidewalk Café Permit

Total number of tables :	Alcohol License:	Permit Number:
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Staff Review

Department	Signature / Approval Department Designee	Date
Planning/ Zoning		
Risk Management		
Legal		
Engineering		
Building		
BTR		

Applications Review for Completeness:

Development Services Department Designee		
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Issues/ Concerns:



HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

_____, assumes all risks in the operation and maintenance of the permitted area during the term of this permit and any renewal thereto and shall be solely responsible and answerable for all accidents or injuries to persons or property arising out of or caused in pursuant of the Sidewalk Café Permit, or arising out of the outdoor dining operation and/or maintenance of the permitted area and appurtenances thereto. Permit Holder further agrees to maintain its outdoor facilities in good repair and in a neat and clean condition. Permit Holder shall observe the conditions of Section 155.4303 of the City Code of Ordinances including maintaining clear pathways as well as all laws and ordinances of the city, county, state and federal agencies directly relating to the operation of the sidewalk café described in the permit.

_____, hereby covenants and agrees in consideration of the grant by the City of Pompano Beach (“City”), of a permit to operate a Sidewalk Café and for other good and valuable consideration, I hereby agree to defend, indemnify and forever hold the City, its officers, officials, employees and agents, harmless against any and all claims brought against the City, its agents, officers, officials and/or employees from all claims (which shall include, but not limited to, the defense of any claim and any and all costs in any judicial or quasi-judicial proceedings and for any and all damages or penalties of any kind or nature), for any loss, damage or injury of any kind or character whatsoever without limitation, including reasonable attorney’s fees, sustained by any person or property whatsoever kind and nature, whether direct or indirect, as a result and in relation with the operation and maintenance of a Sidewalk Café on City owned property whether such damages are due or claimed to be due to any carelessness, negligence or improper conduct of the Permit Holder, or any servant, agent or employee of the Permit Holder.

_____, further agrees that at any time the CITY may request the temporary removal of the outdoor dining facilities to make repairs to the sidewalk, parking area, water, sewer, or other utilities located on the sidewalk or adjacent to CITY property if said facilities interfere with the ability of the City to access or to make repairs. _____ agrees to Hold the CITY Harmless for any disruption, loss or termination of business during the repair period.

_____, further agrees that he/she has obtained and will continue to maintain the required Commercial General Insurance and has listed the City of Pompano Beach as an additional insured on said policy and the certificate of endorsement has been made part of said insurance policy. Said Certificate of Insurance shall be furnished to the CITY. It is intended to provide a source, in addition to the Permit Holder, from which the CITY may seek payment of (a) Permit Holder’s liability for both its own negligence, as well as actual or alleged negligence of the City and/or (b) the cost of defending such claims.



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Sidewalk Café Permit

I HAVE CAREFULLY READ THE FOREGOING HOLD HARMLESS AGREEMENT AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS DOCUMENT AS MY OWN FREE ACT.

I expressly agree that this Hold Harmless Agreement is intended to be as broad and as inclusive as permitted by laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

State of Florida
Count of

On this, the day of _____, 20__ before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by _____ (name of corporate officer), _____ (title), of _____ a _____ (state of corporation) corporation, on behalf of the corporation.

WITNESS my hand and official seal

Applicant's name and signature

Notary Public, State of Florida
My Commission Expires: _____

Printed, typed or stamped name of Notary Public
Exactly as Commissioned

Personally known to me; or Produced Identification
Type of ID: _____



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Sidewalk Café Permit

LANDOWNER'S CONSENT TO OPERATE
A SIDEWALK CAFÉ
(Note: This is not a license.)

The owner of the premises where you plan to operate your sidewalk café must complete this form.

I certify that I, _____, am the legal owner of the land and improvement located at:
(Name)

_____.
(Address)

Further, I give my consent to, _____
(Name of Applicant/Lease Holder)

to maintain a sidewalk café in front of said land and improvement while I am the owner, unless sooner revoked by me. Owner hereby agrees to provide Lessee with a thirty (30) day notice of Revocation. Owner is hereby responsible to provide notice of such revocation to the City of Pompano Beach within ten (10) days of the revocation.

I swear that the information provided herein is true, accurate, and complete.

_____.
Signature of Owner

_____.
Print Name
(_____) _____
Telephone Number

_____.
Address

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of [] physical presence or [] online notarization, this _____ day of _____, 2021, by _____ as _____ of _____, a Florida corporation, on behalf of the corporation, who is personally known to me or who has produced _____ as identification



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NOTARY’S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online
notarization, this _____ day of _____, 2021, by
_____, who is personally known to me or who has produced
_____, as identification.

NOTARY’S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number



City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4668 or 954.786.4633 **Fax:** 954.786.4666

Zoning Use Certificate

\$30.00 Processing Fee

- Approval of a Zoning Use Certificate does not give you permission to open for business.
- You must complete a Business Tax Receipt application and pay the appropriate fees before opening for business.
- Approval of a Zoning Use Certificate is only good for 60 days, after which you must re-apply and pay a new fee.
- Prior to installing any sign you must obtain a sign permit. For specific details regarding the City's Sign Code regulations please contact the Zoning Department at 954-786-4679.

Outdoor Seating	Number of tables _____		
Please describe the operation of your business IN SUFFICIENT DETAIL to enable the City to determine whether the proposed activity is permitted by zoning regulations. Depending on the type of business additional documentation and/or a more detailed description of the business could be required prior to or at time of filing for the Business Tax Receipt.			
Applicant			
Print Name and Title		Business	
		Name of Business	
Street Address		Street Address	
Mailing Address City/ State/ Zip		Mailing Address City/ State/ Zip	
Phone Number		Phone Number	
Fax Number		Fax Number	
Email		Email	
Number of Employees		Square Feet occupied	
Signature			Date
FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)			
Zoning District:	Paid by: Cash↑ Check No.↑ _____ (non-refundable)	Date Paid:	Receipt No.:
The above described business has been determined to be	↑	in compliance with use requirements of the district in which the activity is proposed to be located.	
	↑	not in conformance with the use requirements of the district in which the activity is proposed to be located.	
Additional comments:			
Reviewed by:	Approved: ↑	Date:	Date Applicant Notified:
	Denied: ↑		



City of Pompano Beach
 Department of Development Services
 Business Tax Receipt Division

License Year _____

100 W. Atlantic Blvd Pompano Beach, FL 33060
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Application for Business Tax Receipt

Name of Business _____ Date _____
 Address of Business _____ Zip _____
 Date business opened at this location _____ Number of Employees _____ Square Feet Occupied _____
 Mailing Address _____ City _____ State _____ Zip _____
 Federal ID # _____ **OR** Social Security Number _____ Sales Tax # _____
 Bus. Phone # _____ Bus. Fax # _____ Web Address _____
 Owner's Name _____ Date of Birth _____ Emergency Phone # _____
 Owner's Address _____ City _____ State _____ Zip _____
 E-Mail Address _____
 Corp. Name _____ Address _____ City _____ State _____ Zip _____
 Type of Ownership Corporation [] LLC [] Partnership [] Sole Proprietor []

****ATTENTION**** If the business involves outdoor sales or storage, a site plan is required. If the business involves a use **other than** retail, wholesale or manufacturing, a floor plan and site plan are required.

Describe any and all conduct or activity of the business _____

The undersigned does hereby request that a Business Tax Receipt be issued to him on the basis of and subject to the herein set forth information with the understanding that all City of Pompano Beach Ordinances shall be complied with whether specified or not and all information supplied on this application (other than social security number) shall become public record. Giving false information on this application is unlawful and may result in prosecution, suspension or revocation of your Business Tax Receipt.

_____ (Print) **X** _____
Owner, Partner, or Corporate Officer's Name **Owner, Partner, or Corporate Officer's Signature**

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)						
Transfer of:	Name <input type="checkbox"/>	Ownership <input type="checkbox"/>	Address <input type="checkbox"/>	New <input type="checkbox"/>	Inventory Increase <input type="checkbox"/>	Category change <input type="checkbox"/>
Transferred Account Number:			Transferred License No.			
Zoning District:	Paid by: Cash <input type="checkbox"/>		Check No. <input type="checkbox"/> _____	Date Paid:	Receipt No.:	
The above described business has been determined to be	<input type="checkbox"/>	in compliance with use requirements of the district in which the activity is proposed to be located.				
	<input type="checkbox"/>	not in conformance with the use requirements of the district in which the activity is proposed to be located.				
Category:				Account Number:		
Ord. No.:						
Zoning Fee:				Zoning Official:		
Administrative Fee:						
Penalty Fee:				Business Tax Receipt Official:		
Business Tax Fee:						
Transfer Fee:				Total \$:		Date Issued:
Sub Total:						

