



COMMUNITY SERVICES DEPARTMENT
271 MAST ROAD
DOVER, NH 03820
(603) 516-6450

OUTDOOR SEATING ON A SIDEWALK PERMIT APPLICATION

APPLICANT

Date: _____
Applicant Name: _____
Company: _____
Phone: _____
Address: _____
City/State/Zip: _____
24 HR EMERGENCY TEL.: _____
Email: _____

Permit to be issued via email unless otherwise instructed

Insurance Certificate #: _____
Insurance Agency: _____

Encumbrance Location: _____
Scheduled Start Date: _____ Complete: _____

Purpose of Encumbrance: _____

YES NO

- Submit detailed site plan with application?
 Will there be any impact on parking meters?

CITY USE

Permit #: _____

Approved By: _____

Approval Date: _____

Expiration Date: _____

Note: Permits for outdoor seating will only be allowed between May 15 and November 15.

Check Below If Required:

Traffic Control Plan

Insurance and Bond

Other Conditions: _____

Fees:

New Permit Renewal

Administration and Application Fee: \$ 50.00

Sub-total \$ _____

Previous Payments \$ _____

Total Due: \$ _____

Date Paid: _____

Paid: Check #: _____

Paid: Cash: Admin Initials: _____

By undersigning this application, the Applicant acknowledges that he/she has read and hereby agrees to abide by the City of Dover's Sidewalks and Highways Ordinance Chapter 125; Section 20 Sidewalk Seating, and to any other ordinances, special conditions, restrictions, and regulations may be imposed by the Director of Community Services.

Businesses wishing to serve alcohol shall abide by the City of Dover's Eating and Drinking Establishment Ordinance Chapter 85 Service of Alcoholic Liquor Beverage.

Applicant's Signature: _____ Date: _____