



**City of Santa Monica
Outdoor Dining License Application**

Applicant's Name: _____
 Legal Name of Business and DBA: _____
 Form of Organization Individual: _____ Corporation: _____ Partnership: _____ Other: _____
 If Corporation, Organized Under Laws of: _____ California Permit No. _____
 Business Address: _____
 Business Phone No: _____ **Outdoor Dining Area Sq. footage:** _____
 Applicant's Email: _____ Business Web Site: _____
Contact Information:

	Owner	Other:
<i>Name:</i>	_____	_____
<i>Home Address:</i>	_____	_____
<i>Notice Address:</i>	_____	_____
<i>Home Phone:</i>	_____	_____
<i>Other Phone:</i>	_____	_____

Proposed Hours of Operation: _____ Santa Monica Business License No: _____
 Liability Insurance (Name, Address and Phone Number of Agent or Carrier, Policy Number): _____

It is understood that, if this application is accepted, the following insurance requirements may be contained in a lease or permit to be granted:

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|------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Comprehensive or Commercial General Liability with a minimum combined single limit of \$1,000,000 | |
| 2. Fire insurance in an amount sufficient to replace structures and improvements | |
| 3. Worker's Compensation and Employer's Liability | \$1,000,000 |
| 4. Tenant Improvement/Betterments Insurance | 100% of Value of Improvements |
| 5. Personal Property Insurance | 100% of Value of Pers. Property |

The City of Santa Monica reserves the right to require further information as a condition to the consideration of this application. By signature below, applicant authorizes the City of Santa Monica to make whatever inquiries it considers necessary and appropriate concerning the information provided in this application. Further, credit references shown herein are authorized to provide information to the City of Santa Monica. It is understood that references include, but are not limited to, credit checks, unlawful detainer checks, and tele-credit checks.

Signature of Applicant	Title	Date
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Please return this application and all relevant supporting materials or required attachments, such as copies of Santa Monica Business License, Certificate of Insurance, drawings of proposed enclosure, etc. to Donna Rickman, Senior Development Analyst, Housing and Economic Development, City of Santa Monica, 1901 Main St. Ste. E, Santa Monica, CA 90405. Questions may be directed to (310) 458-8906 or E-mail: Donna.Rickman@smgov.net

For use by City staff only: Type of Agreement: ___ Lease ___ License ___ ODA ___ Parking ___ MTM ___ LTL
 Area: ___ Main St. ___ Montana ___ Santa Monica ___ Pico ___ Wilshire ___ Colorado ___ Other
 Rate: \$ _____/square foot/month _____ Effective Date Misc: _____