



Temporary Outdoor Dining

The purpose of this application is to coordinate the approval of temporary outdoor dining allowed through the state's "Stay Safe Minnesota" order. Applicant agrees to be solely liable for ensuring compliance with Governor Walz' Executive Order 20-56 including enforcement of a COVID-19 Preparedness Plan.

Property Address: _____ Anticipated Attendance: _____

Contact Name: _____ Cell: _____ Email: _____

Alternate Name: _____ Cell: _____ Email: _____

SITE PLAN

- Submit a site plan showing the location of proposed seating access, fire connections, fire exiting (single exist allowed when occupancy load is 49 or less), any structural elements (e.g. tents, pergolas/gazebos, etc.), pedestrian circulation, traffic circulation, and staff access between kitchen and seating areas. Denote how seating area will be defined and separated from other areas, such as parking.

PARKING LOT MODIFICATIONS: Are you planning on blocking off any parking stalls or drive aisles? Yes No

- Denote proposed plans on site plan and narrative.
- Do not block handicapped parking stalls or access.

PERMISSION: Do you own the property where the outdoor seating is proposed? Yes No

- If no, property owner must approve proposed site plan and sign application.

SIGNS: Are you posting temporary sign(s)? Yes No

- If yes, contact Community Development at 763-531-5127 for temporary sign regulations and permit application.

TENTS/CANOPIES: Are you erecting a temporary tent/canopy larger than 200 square feet? Yes No

- If yes, contact Community Development at 763-531-5127 to see if a Special Hazard Permit Application is required.
- Contact West Metro Fire-Rescue District at 763-230-7000 for installation requirements.

ALCOHOL: Will alcoholic beverages be consumed? Yes No

- Must have existing liquor license through city.

RESTROOMS: Will portable restrooms be provided? Yes No

- If yes, vendor name/phone: _____ # of units _____ (and illustrate location of portable toilets on site plan).

TRASH: Will trash receptacles and trash removal be provided? Yes No

- Illustrate location of trash receptacles on site plan.

Applicant agrees to comply at all times with all applicable laws, ordinances, and regulations, whether they are federal, state, county or municipal including Governor Walz' Executive Order 20-56. I declare that the information I have provided in this permit application is truthful, and I authorize the city of New Hope to investigate the information provided. I understand if a complaint is received regarding noise, traffic, behaviors or any other activity associated with this event, the event may be discontinued or altered at the city's discretion.

GOVERNMENT DATA PRACTICES ACT – TENNESSEN WARNING: The data you supply on this form will be used to assess your qualifications for the special event application. You are not legally required to provide this data, but the city cannot approve the event without it.

Applicant Name: _____ Signature: _____ Date: _____

Property Owner Name: _____ Signature: _____ Date: _____

Internal Use Only:

Received by: _____ Date _____ Referred to appropriate departments on _____

Approved and Completed on: _____ Comments: _____

Distribution:	Community Dev.	Approved by: _____	Date: _____
	Police	Approved by: _____	Date: _____
	Fire	Approved by: _____	Date: _____

Comments: _____
