



CITY OF SANTA MONICA
OUTDOOR DINING LICENSE APPLICATION

Applicant's Name: _____

Legal Name of Business: _____

Form of Organization: Individual _____ Corporation _____ Partnership _____ Other _____

If Corporation, Organized Under Laws of _____ Calif. Permit No. _____

Current Business Address: _____

Business Phone Number: _____ Business FAX Number: _____

Applicant's E-mail Address: _____ Business Web Site Address: _____

Table with 3 columns: Owner's Information, Owner, Co-Owner. Rows include Name, Home Address, Home Phone, Other Phone, Social Security #, Drivers License #.

Proposed Hours of Operation: _____ Santa Monica Business License Number: _____

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:

- 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 Improvements/Betterments Insurance 100% of Value of Improvements
5. Personal Property Insurance 100% of Value of Personal 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.

Signature of Applicant Title Date

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 Senior Real Estate Analyst, Economic Development, City of Santa Monica, 1901 Main Street, Suite E, Santa Monica, CA 90401.

For use by City staff only: Type of Agreement: ___Lease ___License ___ODA ___Parking ___MTM ___LTL
Area: ___Main Street ___Montana ___Santa Monica ___Pico ___Wilshire ___Colorado ___Other: _____
Rate: \$_____/square foot/month Effective Date: _____ Misc.: _____