



City of Santa Monica
Economic Development Division
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: \_\_\_\_\_ Business Website: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_ Outdoor Dining Area Sq. Footage \_\_\_\_\_

Table with 3 columns: Owner's Information, Owner, Co-Owner or Contact. Rows include Name, Home Address, Notice Address, Home Phone, and Other Phone.

Proposed Hours of Operation: \_\_\_\_\_ Santa Monica Business License No: \_\_\_\_\_

Anticipated Start Date (if a new business): \_\_\_\_\_

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 Improvement/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 submit a copy of this application with your Outdoor Dining Permit Application along with all relevant supporting materials or required attachments, such as Certificate of Insurance, Planning approval letter, and stamped plans. For questions about this application, contact Economic Development at 310-458-8906 or econdev@smgov.net.

For use by City staff only: Type of Agreement: \_\_\_Lease \_\_\_License \_\_\_ODA Area: \_\_\_Ocean Ave. \_\_\_Third St. Prom \_\_\_Transit Mall All Other Areas: \_\_\_\_\_

Rate: \$\_\_\_\_\_/square foot/month Effective Date: \_\_\_\_\_ Misc: \_\_\_\_\_

Planning Dept: Please forward a copy of this application and relevant attachments to the Economic Development Division.