

**APPLICATION FOR STREET USE PERMIT  
SIDEWALK AREA DINING FACILITY**

Ref. Sec. 115.32.6 MCO  
cc Policy Resolution 980245  
Application Fee \$115.00  
Annual space rental fee \$0.28/sq. ft

DPW Permit No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Fee: \_\_\_\_\_

Term: Jan. 1, \_\_\_\_ to Dec. 31, \_\_\_\_

The City of Milwaukee welcomes your interest in establishing a sidewalk area dining facility. To help us understand your proposal and to ensure that it is consistent with the City's adopted sidewalk area dining facility guidelines, you need to submit application information as indicated below. Your application will be reviewed at several stages before a permit is issued. Please remember that this permit is separate from other permits that may be necessary for you to create and operate a sidewalk area dining facility, such as but not limited to: extension of premises, occupancy, health, etc.

**APPLICANT:**

**BUSINESS:**

Name \_\_\_\_\_  
*(Print)*  
\_\_\_\_\_  
*(Signature)*

Business Name \_\_\_\_\_  
Business Ownership \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Milwaukee, WI 532\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

**CHARACTERISTICS OF OPERATION  
(attach narrative)**

period of operation  
\*(such as May-Oct)

hours of operation  
\*(i.e., normal business hours)

\_\_\_\_\_ outside seating of dining facility

\_\_\_\_\_ inside seating

\_\_\_\_\_ number and type of toilet facilities

\_\_\_\_\_ type of beverages sold

**PROPOSED SIDEWALK AREA DINING FACILITY INFORMATION  
(see submittal requirements information sheet)**

Date Plans Submitted \_\_\_\_\_

Date Plans Accepted \_\_\_\_\_

Date Photos Submitted \_\_\_\_\_

Date Narrative Submitted \_\_\_\_\_

Certificate of Insurance Submitted \_\_\_\_\_

Approved by City Attorney \_\_\_\_\_

Surety Bond Submitted \_\_\_\_\_

Approved by City Attorney \_\_\_\_\_

**APPROVALS:**

Alderman: District No. \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)  
Plan of Operation Approved Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments/Permit Conditions**

HEALTH DEPARTMENT \_\_\_\_\_ Date \_\_\_\_\_

(Signature)  
Adequate/Accessible Public Toilets Yes \_\_\_\_\_ No \_\_\_\_\_  
Adequate Kitchen Facilities for Increased Seating Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments/Permit Conditions**

DEPARTMENT OF CITY DEVELOPMENT \_\_\_\_\_ Date \_\_\_\_\_

(Signature)  
Valid Occupancy Certificate on file Yes \_\_\_\_\_ No \_\_\_\_\_  
BOZA site Yes \_\_\_\_\_ No \_\_\_\_\_  
Adequate toilet facilities Yes \_\_\_\_\_ No \_\_\_\_\_  
Historic District Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Approval of Historic Preservation Commission Yes \_\_\_\_\_ No \_\_\_\_\_

The legal capacity for this establishment is \_\_\_\_\_. The total number of persons on the premises, both inside and out, cannot exceed the legal capacity.

INFRASTRUCTURE SERVICES DIVISION \_\_\_\_\_ Date \_\_\_\_\_

(Signature)  
Location, design, and operation approved Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments/Permit Conditions**

Fee calculation:  
Projections \_\_\_\_\_ x length \_\_\_\_\_ x \$0.28 = \_\_\_\_\_

DEPARTMENT OF PUBLIC WORKS \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:**

- Permit must be displayed on premises.
- Permit is valid from date of issuance through Dec. 31, \_\_\_\_\_.
- Permit is renewable on Jan. 1 of each year by payment of annual rental fee.
- Any change in operation constitutes a new dining facility and, hence, a new application, fee review and permit.

**QUESTIONS REGARDING THIS PERMIT APPLICATION MAY BE DIRECTED TO THE MILWAUKEE DEVELOPMENT CENTER, (414) 286-8208.**