



CITY OF WYOMING
 800 OAK AVENUE
 WYOMING, OH 45215
 (513) 821-7600
 www.wyomingohio.gov
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**APPLICATION FOR:
 TEMPORARY OUTDOOR DINING
 TRANSIENT BUSINESS
 FOOD TRUCK**

DATE RECEIVED:
 (Office Use)

1. PROPERTY INFORMATION

Site Address:

Hamilton County Auditor's Parcel Number:

2. IDENTIFICATION

Applicant: Owner Lessee Contractor Architect/Engineer Other (describe):

A. Applicant

Name		Email	
Address		City	State Zip
Phone Number(s)	Office	Mobile	

B. Property Owner (if other than Applicant)

Name		Email	
Address		City	State Zip
Phone Number(s)	Office	Mobile	

3. TYPE OF OPERATION (Select all that apply)

- Temporary Outdoor Dining Transient/Mobile Business Food Truck
 Other (Please Specify):

4. DETAILS OF OPERATION

A. Type of Service and/or Product Provided (E.g. food consumption, sale of merchandise, etc.):

B. Dates and Hours of Operation:

C. Methods Utilized to Control Litter and Ensure Proper Sanitation:

D. Methods Utilized to Control Insects and Vermin:

5. INSURANCE REQUIREMENTS (Please read and initial to accept)

- If the Temporary Outdoor Dining Facility, Transient Business, or Food Truck will be located on, or occupy any area of the public sidewalk, or be within the right-of-way, the permit holder shall obtain and maintain for the duration of the permit Commercial General Liability coverage at least as broad as ISO Form CG 0001 including coverage for products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than \$1,000,000 per occurrence. The policy shall cover, or be endorsed to cover, the City of Wyoming, its officials, employees, and volunteers as additional insureds. Permit holder's insurance shall be primary and non-contributing as respects the additional insureds. Permit holder shall provide the City with a certificate of insurance evidencing compliance with these specifications prior to issuance of the permit, and on or before January 1 of each year, during the duration of the permit. The City reserves the right to require complete certified copies of any policies, including endorsements, required by these specifications at any time.
_____ **(Applicant to attach copy)**
- Hold harmless: to the fullest extent permitted by law, permit holder shall hold harmless, defend, and indemnify the City of Wyoming, its officers, employees, and volunteers, against any and all liability, claims, losses, damages, or expenses, including reasonable attorney's fees, arising from all acts or omissions of the permit holder or its officers, agents, or employees in any and all activities associated with this permit. _____
- A site plan and layout that clearly indicates the size and location of the area to be used, the proposed placement of any tables, chairs, and/or other items that will be used, and the location and width of all aisles must be provided. A clear and unobstructed width of 5' shall be provided and maintained on all public sidewalks for pedestrians. No public sidewalk or means of egress from any building shall be blocked or obstructed by a Temporary Outdoor Dining Facility, Transient Business, or Food Truck. _____ **(Applicant to attach copy)**
- All tables, chairs, or other items used in conjunction with the Temporary Outdoor Dining Facility, Transient Business, or Food Truck shall be placed indoors or otherwise removed from the area on a daily basis. No items shall be permitted to remain on the public sidewalk or other City property in excess of thirty minutes prior to or after the event unless otherwise approved. _____
- Service of alcoholic beverages shall be in accordance with the laws of the State of Ohio Department of Liquor Control and such use shall not adversely impact the surrounding neighborhood. _____
- Prior to commencing the operation of any Temporary Outdoor Dining Facility, Transient Business, or Food Truck that has been approved by the City of Wyoming, I hereby certify that I have obtained any and all necessary permits, approvals, and/or inspections from the appropriate governing authorities such as, but not limited to, the Hamilton County Board of Health, the Ohio Department of Liquor Control, and/or any other regulatory agency or agencies as so required. _____ **(Applicant to attach copy)**

6. SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable laws of this jurisdiction:

Printed Name of Applicant:	Application Date:
Signature of Applicant:	

7. VALIDATION (Office Use Only)

Zoning Certificate Number:	Date Issued:
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Fee:	\$
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Approved By:		
	Title	Title