



**City of Wyandotte
Outdoor Café
Annual Renewal Application**

Engineering and Building
3200 Biddle Avenue
Wyandotte, Michigan

Date: _____

REQUIRED INFORMATION:

Address of Outdoor Café: _____

Name of Business: _____

Property Owner: _____

Address: _____ City: _____ State _____ Zip Code _____

Phone Number: (____) _____ Fax: (____) _____ Email: _____

Applicant: _____

Address: _____ City: _____ State _____ Zip Code _____

Phone Number: (____) _____ Fax: (____) _____ Email: _____

Zoning of property _____ Outdoor Café Location: ___Public Property ___ Private Property

NOTE: An Outdoor Café in a B-2 Zoning District may provide for only 35% more seating than is provided inside the restaurant. Additional parking required (Sec. 2202.5.7)

Hours of occupancy for Outdoor Cafe: _____ AM thru _____ PM
(Sec. 2202.S.17:00 a.m. to 12 midnight Monday thru Thursday and Sunday; Extended hours to 2:00 a.m. on Friday and Saturdays, 3rd Fridays, Street Art Fair Days, March 17, New Year's Eve, Wednesday before Thanksgiving Day, Thursday before Easter, and events approved by Resolution by City Council.)

Dates of occupancy for Outdoor Café: From: _____ to _____
(Sec. 2202.S. 1 - Dates Allowed January 1st to December 31st)

Area of occupancy in square feet: _____ sq ft; dimensions _____ x _____

Capacity of existing establishment: _____ people (with seating) _____ people (without seating)

Capacity of proposed outdoor café: _____ people (total number of seats)

Will alcoholic beverages be served at the outdoor café: _____ Yes _____ No

Any changes to the approved plan _____ Yes _____ No

INSURANCE FOR OUTDOOR CAFES ON PUBLIC PROPERTY:

Attach updated Certificate of Insurance _____ Yes

CERTIFICATION:

Applicant covenants and agrees to strictly comply with all terms and conditions of the Outdoor Café Ordinance, all other ordinances and requirements of State and Federal laws, and further understands and agrees that the Planning Commission and/or City Council in its sole and absolute discretion, may approve, deny or set any conditions or limitations on any outdoor café which may be approved.

FEE:

Dated this _____ day of _____, 2_____

Applicant's Signature: _____

Print Name and Title

Office Use Only	
FEE: _____	\$150 with no alcohol served, consumed or possessed \$600 with alcohol served, consumed or possessed
Public Department Approval: ___ Yes ___ No	Date: _____, 20____ Notes: _____
Fire Department Approval: ___ Yes ___ No	Date: _____, 20____
Eng/Bldg. Department Approval: ___ Yes ___ No	Date: _____, 20____
Insurance Certification on File: ___ Yes ___ No	Date: _____, 20____
Hold Harmless Agreement Executed: ___ Yes ___ No	Date: _____, 20____
Grant of License Issued: ___ Yes ___ No	Date: _____, 20____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A.C. No. Ext):	FAX (A.C. No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL172912595

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR I.D.R.	TYPE OF INSURANCE	ADDL(SUBR) INSD (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Sewer Backup-neg/igence \$ COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					\$ \$ \$ \$ \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS be'w	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
ALSO REQUIRED \$1M LIQUOR LIABILITY						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Wyandotte, Wayne County, it's officers and employees are additional insureds. The coverage is primary and not contributing or pro rata with any other insurance or similar protection (e.g. risk management association) which is or may not be available to or carried by the City. This coverage extends to the sidewalk patio area, or other public Right Of Way, where ongoing restaurant operations take place.

The insured hereby waives it's and all of its Insurers rights of subrogation against the the City of Wyandotte, Wayne County, Its officers, Employees, Elected Officials and Volunteers.

CERTIFICATE HOLDER City of Wyandotte 3200 Biddle Ave. Wyandotte, MI 48192	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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