



OUTDOOR SEATING APPLICATION

APPLICANT _____ EMAIL _____

(Establishment Owner / Authorized Representative*)

*Application must be accompanied by letter from Establishment Owner authorizing the named representative.

NAME OF ESTABLISHMENT _____

ADDRESS _____

PHONE _____ FAX _____ MOBILE _____

BUILDING OWNER _____ EMAIL _____

Tables	Size	Chairs	Size
Benches	Size	Umbrellas	Size
Fences	Size	Barriers	Size
Planters	Size	Other	Size

Seating Capacity of Existing Establishment _____

Seating Capacity of Proposed Outdoor Seating _____

Retail Food Establishment License Number _____

Will beer/wine consumption be permitted at your Outdoor Seating? YES NO

Outdoor Seating Plan Preparer (drawn to scale – need not be professional drawing):

NAME _____ PHONE _____

ADDRESS _____

Note: Outdoor Seating Plan must be accompanied by the written authorization and approval of the owner of the building, if other than the applicant.

Fee as required by Ordinance – \$50.00

Please make check payable to the Township of Livingston. All fees collected are non-refundable.

- WHEN SUBMITTING A FIRST TIME APPLICATION:**
1. Submit color photograph of property and proposed Outdoor Seating area.
 2. Submit scaled drawing / rendering of the proposed Outdoor Seating area.
 3. Submit copy of current survey for the property.
 4. Description of proposed furnishings and equipment.
 5. Submit three (3) copies of application and all attachments to the Architectural Review Board (the “BID”)
- Note: If establishment was approved in the previous calendar year, item numbers 1-4 above may not be required for current year application approval. Please check with the Planning Department at 973-535-7954 to confirm.



OUTDOOR SEATING APPLICATION

I, _____ hereby certify that I have read and will comply with the regulations set forth in the code of the Land Use of the Township of Livingston section §170-92.1.

The undersigned further agrees to forever defend, indemnify and save harmless the Township of Livingston, their officers, agents and employees, from and against any and all claims, causes of action, injuries, losses, damages, expenses, fees and costs arising out of, or which may arise out of, the operation of such Outdoor Seating.

Owner/Representative Signature

Date

Sworn and subscribed to before me this ____ day of _____, 20__

Notary Public

FOR OFFICE USE ONLY

Reviewed / Recommendation to GRANT

DENY

Planning Administrator /
Planning Designee