

CITY OF KIEL

621 Sixth Street Kiel, Wisconsin 53042 (920) 894-2909



Sidewalk Café Application

Application must be submitted 30 days prior to review. **Date Received:** _____

Application Checklist

- License Fee - \$50
- Certificate of Insurance
- Copy of Restaurant License
- Site plan drawing including dimensions and furnishings (reverse side)

Business/Trade Name: _____

Applicant/Contact Name (if different): _____

Business Address: _____

Phone Number: _____ **Email:** _____

Amended Premises Description:

If this application is approved, I hereby agree to abide by all the relevant City of Kiel requirements pertaining to the use of Sidewalk Dining with Alcohol Service.

Name: _____ **Date:** _____

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

The undersigned agrees to indemnify and save the City of Kiel harmless from any loss, damage or expense or any legal liability which the City may suffer, incur or sustain, or for which the City of Kiel or the undersigned may become liable, growing out of any injury to persons or real property caused by any of the activities performed at:

_____ on _____
Location *Date*

Signature of Responsible Party *Agent, City of Kiel*

Date: _____ *Date:* _____

For Office Use Only

Alcohol License #: _____ **Exp. Date:** _____

Name of Agent: _____ **Phone #:** _____

Copies to: **Police Department** **DPW** **Fire Department**

Site plan drawing (include dimensions and furnishings):

