

TOWN OF SIDNEY



**SIDEWALK CAFÉ OR ROADSIDE CAFÉ LICENCE
APPLICATION**

DATED: _____

NAME OF BUSINESS: _____

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NO. **Business:** _____

Other: _____

APPLICATION FOR: **SIDEWALK CAFÉ** _____
 ROADSIDE CAFÉ _____

LOCATION OF SIDEWALK CAFÉ OR ROADSIDE CAFÉ: See Attached Sketch

LIABILITY INSURANCE: \$ **Expiry Date:**

APPLICATION FEE: \$50.00

I hereby agree to comply with the terms and conditions of the Town of Sidney “Sidewalk Café and Roadside Café Regulations and Licensing Bylaw No. 2177”, and declare that all information provided in this application is true and correct.

Signature of Applicant: _____