



OUTDOOR SEATING OR BAR AREA LICENSE APPLICATION
PURSUANT TO CODE OF ORDINANCES §84.01

ESTABLISHMENT INFORMATION:

Name of Establishment _____

Establishment Owner _____

Establishment Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email: _____

APPLICANT INFORMATION:

Name of Applicant _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email: _____

PROPERTY OWNER INFORMATION: *required if applicant is not the property owner*

Property Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone No. _____ Email: _____

REQUESTED OUTDOOR SEATING AREA:

Area for outdoor seating _____ square feet

Number of dining tables _____ anchored non-anchored Total number of dining chairs _____

Number of bistro tables _____ anchored non-anchored Total number of bistro chairs _____

REQUESTED OUTDOOR BAR AREA: not applicable

Area for outdoor bar _____ square feet Total number of bar stools _____

Please attach copies of: Certificate of Use City of Weston Local Business Tax Receipt Seating Plan*

*Seating plan needs to represent: (i) dimension of the tables; (ii) width measurements from the open side of the tables with no seats to edge of the walkway landscape area; (iii) the overall dimension measurements of the walkways from the front wall to the edge of the walkway; (iv) measurements between tables from chair back to chair back; and (v) show neighboring occupancy exit doors to ensure no encroachment in the exit door swing clearance.

Once issued, the license shall be valid until September 30th of the fiscal year in which the license is issued. Thereafter, the license must be renewed annually. The original Outdoor Seating or Bar Area License must be conspicuously displayed in the window area nearest the outdoor seating area at all times.

I certify that I have read the requirements and the information I have provided is accurate and true. Applicant/Owner is responsible for complying with any applicable requirement of the Americans with Disabilities Act.

APPLICANT

Signature

Print Name

STATE OF _____
COUNTY OF _____

SWORN TO AND SUBSCRIBED Before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 202__ by _____ (Affiant), who is personally known to me or has produced _____ identification.

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

PROPERTY OWNER

Signature

Print Name

STATE OF _____
COUNTY OF _____

SWORN TO AND SUBSCRIBED Before me by means of ___ physical presence or ___ online notarization, this _____ day of _____, 202__ by _____ (Affiant), who is personally known to me or has produced _____ identification.

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

SITE PLAN

Date _____ Resolution No. _____

Outdoor seating eligible based on approved site plan:

Square Footage _____ Seats _____

OUTDOOR SEATING LICENSED

Square footage approved by Fire Marshal _____

Dining tables permitted _____

anchored

non-anchored

Dining chairs permitted _____

Bistro tables permitted _____

anchored

non-anchored

Bistro chairs permitted _____

OUTDOOR BAR AREA LICENSED

Square footage approved by Fire Marshal _____

Bar stools permitted _____

Maximum patron capacity _____

OUTDOOR SEATING OR BAR AREA LICENSE APPROVED

City of Weston Planning and Zoning Department

Date Approved

*Broward Sheriff's Office Department of Fire Rescue and
Emergency Services Fire Marshal's Division*

Date Approved