

PERMIT for OUTDOOR DINING
CITY of BOWLING GREEN, OHIO

(PLEASE PRINT or TYPE INFORMATION)

Business Location:

Business Name _____

Address _____

Owner:

Name _____ Address _____

Table Information

Outdoor Dining: Number and size of tables _____

Location of Tables:

Attach a scaled drawing, showing overhead view of building area with sidewalk and curb, plus location and size of tables-chairs.

_____ agrees to indemnify, defend and hold the City of Bowling Green and its officials, employees, volunteers, Board and Commission members harmless from and against any and all actual or alleged demands, claims, damages, losses and expenses (whether caused in whole or in part by a party indemnified hereunder) related to Outdoor Dining in conjunction with this application excepting only the sole negligence of the City of Bowling Green.

This indemnity, defense and hold harmless includes but is not limited to: injury to and other claims by advertiser and/or its subcontractors, vendors, suppliers, etc. and claims from all their respective employees, agents, relatives and estates; injury to third parties; damage to and/or loss of use of tangible property; errors or omissions including false or improper advertising; damage to and loss of use of City property; claims by City employees, their relatives or estates; attorney fees and other defense expenses arising out of or related to this Outdoor Dining application.

It is understood and agreed that the insurance requirements for the permit may not be adequate to fully protect the applicant. Any such insurance shortage will be the personal obligation of the applicant and/or its officers and officials.

_____ Proof of Insurance provided _____ Indemnity Agreement provided

I HEREBY DECLARE AND AFFIRM THAT ALL OF THE INFORMATION ABOVE AND ATTACHED IS TRUE AND CORRECT. ALL USE OF THE PROPERTY WILL BE AS CERTIFIED AND ATTESTED TO HEREIN.

SIGNATURE _____ DATE _____

ADDRESS _____

DEPARTMENTAL REVIEW

DATE OF APPLICATION _____ FEE \$35.00 PERMIT NUMBER _____
Cash Check # _____

REMARKS: _____

CONDITIONS OF ISSUANCE: _____

Checked By: _____

DATE ISSUED _____ SIGNATURE _____

DATE DENIED _____ MUNICIPAL ADMINISTRATOR