BOROUGH OF CONSHOHOCKEN
400 Fayette Street, Suite 200, Conshohocken, PA 19428
Phone (610) 828-1092 Fax (610) 828-0920

Sidewalk Café License Application

1. Restaurant Name: _____ Date of Application: _____

2. Owner/Corporation Name: _____

   Owner/Corporation Address: _____

   _____

3. Telephone #: _____ Cell #: _____

4. Tax ID #: _____

5. Contact/Maintenance Person: _____
   (must be available 24/7)
   Address: _____ City: _____

   State: _____ Zip: _____ Phone #: _____ Cell #: _____

6. Insurance Information:

   Public Liability Insurance Carrier: _____

   Policy #: _____Amount: _____ From: _____ To: _____

   Agents Name: _____ Address: _____

   City: _____ State: _____ Zip: _____ Phone: _____

All Participants must show proof of public liability insurance and must provide appropriate certificates naming the Borough of Conshohocken as a co-insured for the purposes of public liability and agrees to hold the Borough harmless as to indemnify the Borough from any lawsuits, cause of action, claims and other legal proceedings relating to the sidewalk café program (Ordinance 5-1995).

7. Description of Activity

Number of Tables: _____ Number of Chairs: _____

Location of Tables: _____

Please attach a sketch of the proposed locations indicating the size of the table(s), configuration of seating and the sidewalk dimensions.

I, _____ the undersign, as an individual or
(print name)
representative of the above corporation, attest that the information provided above is correct and accurate.

_____ _____
Signature Date

The following must accompany all Café License Applications:

1. An insurance certificate covering the outside eating area, and naming the Borough of Conshohocken as also insured.
2. A letter of consent from the owner, if other than the applicant agreeing to outside café dining.
3. A copy of the Montgomery County Health Department license.
4. A check in the amount of $25.00 payable to the Borough of Conshohocken.
5. A sketch of the tables and their location in relation to the applicant business.
6. The applicant's Tax ID #.

For Official Use Only

Total number of tables approved: _____

Total number of chairs approved: _____

Location of approved tables & chairs: _____

Check #: _____

Approved by: _____ _____ Date: _____
Print Name - Code Enforcement Officer Signature

_____ _____ Date: _____
Print Name – Zoning Officer Signature