



City of Minneapolis  
 Licenses and Consumer Services  
 350 South 5<sup>th</sup> Street – Room 1  
 Minneapolis, MN 55415–1391  
 Phone: 612-673-2080  
 Fax: 612-673-3399 TTY: 612-673-2157  
[www.minneapolismn.gov/business-licensing](http://www.minneapolismn.gov/business-licensing)

**For Office Use Only**  
 Expiration: April 1  
 AP: BLFood/BSidewalk  
 Rev Code: 311009  
[MCO: 265](#)  
 Adm Issuance: No

## License Application Guidelines and Checklist

### Application Type: Sidewalk Café

**DEFINITION:** A business licensed to sell food, beer or liquor for consumption and operating a portion of their business on the city sidewalk and/or unrestricted parking lane (right of way) immediately adjoining their business. A public hearing at the Community Development & Regulatory Services Committee of the City Council may be required for license approval. Liquor establishments interested in adding a sidewalk café must also file an [Expansion of Premises](#) application.

Tables and chairs located in an unrestricted parking lane ([Extended Street Café](#)) must sit on a platform adjacent to the curb.

Staff Initials	<b>APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW</b>
	<a href="#">Minneapolis Development Review</a> 250 South 4 <sup>th</sup> Street, Room 300 - Minneapolis, MN 55415 <a href="#">Free Parking</a> .
<input type="checkbox"/>	<b>1. License Application</b> (Form #1)
<input type="checkbox"/>	<b>2. Certificate of Liability Insurance</b> (Sample form #2) a. This must be furnished by your insurance agent with the mandatory changes. b. You are required to have general liability that includes premises and operations insurance and products and completed operations insurance with the following coverages: <input type="checkbox"/> \$50,000 per occurrence and \$300,000 aggregate for personal injury or death. <input type="checkbox"/> \$10,000 per occurrence for property damage. <input type="checkbox"/> The City of Minneapolis shall be named as an additional insured.
<input type="checkbox"/>	<b>3. Attach an 8 ½" x 11" scaled sidewalk café plan</b> that conforms to the sidewalk café standards (#3 attached). It will be inspected and approved by Public Works-Traffic Engineering. Sidewalks café plans that do not conform to the sidewalk café standards will be returned to the applicant as incomplete.  # Chairs _____ # Tables _____ This is subject to approval by a License Inspector.
<input type="checkbox"/>	<b>4. Notification of the type of license; address of premises; applicant's name, address and telephone number;</b> Attach copies of letters or emails that have been sent to: <input type="checkbox"/> <a href="#">City Council Member</a> ; <input type="checkbox"/> <a href="#">Business Association(s)</a> ; and <input type="checkbox"/> <a href="#">Neighborhood Organization(s)</a> . See <a href="#">sample letter</a> .
<input type="checkbox"/>	<b>5. <input type="checkbox"/> SAC Determination Letter</b> – Complete the Sewer Availability Charge (SAC) application and Affidavit of Business Use (Form #4) and submit to <a href="mailto:SACprogram@metc.state.mn.us">SACprogram@metc.state.mn.us</a> . Attach a copy of your SAC Determination Letter.
<input type="checkbox"/>	<b>6. \$ _____ <a href="#">License Fee plus New License Surcharge</a></b>

### Additional Information

- 1. Your License Application:**
  - a. Incomplete applications will be returned. All applications must be signed by an owner, partner, or principal.
  - b. No license will be issued for a period longer than one year. Licenses are not transferable.
  - c. Make a duplicate copy of this packet for your personal records before submitting. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
  - d. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.
- 2. Public Hearing:**  
 This may be required and will be scheduled by your License Inspector.
- 3. Information in Other Languages:**  
 Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500.  
 Para mas información llame al 612-673-2700.

## Food License Application

I. APPLICANT INFORMATION			
Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____		
Mailing Address (if Different than Business Address)	City	State	Zip Code
<a href="#">Minnesota Sales Tax ID Number</a> , Social Security Number, or Individual Tax ID Number			
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date		
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/Licensee, I am <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Starting a new business in an existing building. (New Business) <input type="checkbox"/> Taking over an existing business (New Owner) Name of Previous Tenant _____    Name of existing business _____ <input type="checkbox"/> Equipment Changes. Provide equipment info and photos. <input type="checkbox"/> Remodeling Only			
3. Company Operations Is business over 5,000 sq ft.? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many facilities? _____			
INTERIOR		EXTERIOR	
Gross Square Footage for Business Use _____		Gross Square Footage for Business Use _____	
Seating Capacity _____ Fire Occupancy _____		Seating Capacity _____ Total Customer Capacity _____	
Hours of Operation		Hours of Operation	
Describe in detail the principal products and/or services rendered.			

4. Entertainment: Check all categories of entertainment you are planning to provide on your premises.

No entertainment.

Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.

General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.

Adult Entertainment: Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

5. Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

**III. OWNERS, PARTNERS, OFFICERS**

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title	Ownership %
Home Address	City	State	Zip
			Date of Birth
Full Name: Last, First, Middle	Telephone	Title	Ownership %
Home Address	City	State	Zip
			Date of Birth
Full Name: Last, First, Middle	Telephone	Title	Ownership %
Home Address	City	State	Zip
			Date of Birth

Have any of the people listed above been convicted of a crime?  YES  NO  
 If Yes, please provide or attach specific information about date s and conviction .

**IV. BACKGROUND INFORMATION**

1. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

2. Have you ever had a business license denied or revoked by Minneapolis or another government entity?  YES  NO  
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

3. Are you sharing the licensed premises with any other business?  Yes  No If yes, describe.

**V. WORKERS COMPENSATION**

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because  I am self-insured.  I am the sole proprietor and I have no employees.  I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

**VI. CERTIFIED FOOD MANAGER**

Name of Certified Food Manager \_\_\_\_\_

**VII. VEHICLES**

Will there be vehicles used in the business?  YES  NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

**VIII. VERIFICATION**

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

**A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION**

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

# City of Minneapolis Requirements for Insurance Certificates

**#4**

## CERTIFICATE OF LIABILITY INSURANCE

Certificate cannot be pending,  
binder or TBA.

The Legal/Corporate Name  
must match exactly  
(word for word) to the  
Approved Licensee Name  
(including Inc, or LLC),  
Trade Name (DBA)  
and address of premises.

<b>PRODUCER</b> Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <hr/> INSURERS AFFORDING COVERAGE  INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
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**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> † COMMERCIAL GENERAL LIABILITY † CLAIMS MADE † OCCUR † _____ † _____  GEN'L AGGREGATE LIMIT APPLIES PER: † POLICY † PROJECT † LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMPOP AGG \$
	<b>AUTOMOBILE LIABILITY</b> † ANY AUTO † ALL OWNED AUTOS † SCHEDULED AUTOS † HIRED AUTOS † NON-OWNED AUTOS † _____ † _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> † ANY AUTO † _____				AUTO ONLY - (Ea Accident) \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> † OCCUR † CLAIMS MADE  † DEDUCTIBLE † RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

**ADDITIONAL INSURED: INSURER LETTER**

Original signature or stamp of Agent.

<b>CERTIFICATE HOLDER</b> City of Minneapolis Licenses and Consumer Services 1 City Hall 350 South 5th Street Minneapolis, MN 55415	AUTHORIZED REPRESENTATIVE  _____
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**Applications will be returned if requirements are not complete.**



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**Process and Criteria for Sidewalk Café Licenses  
Approved by the Minneapolis City Council, July 2006**

**The application for a license to operate a sidewalk café, or for the use of café area during winter months, heated or unheated, can be obtained from the Division of Licenses and Consumer Services.**

A Sidewalk Café License Permit is required to place tables, chairs, or heating units on the public right of way. At the time of application, the applicant will be given a packet of information needed to complete the application. In this packet will be the application form, instructions on how to create a diagram showing the sidewalk café layout, insurance certificate form, and information on alcoholic beverage license request, if needed. Applications for a new sidewalk café location will have a public hearing at the Community Development and Regulatory Services meeting (MCO 265.300) between the submittal of the application and the approval of the City Council which takes approximately four weeks. If applicants currently hold a liquor license, the time is approximately six weeks. To get final approval, the application is routed to the Health Department and the Public Works Department for approval before sending it on to City Council.

**Checklist: Sidewalk Café License**

Attach a scaled plan of the proposed sidewalk café including the following elements:

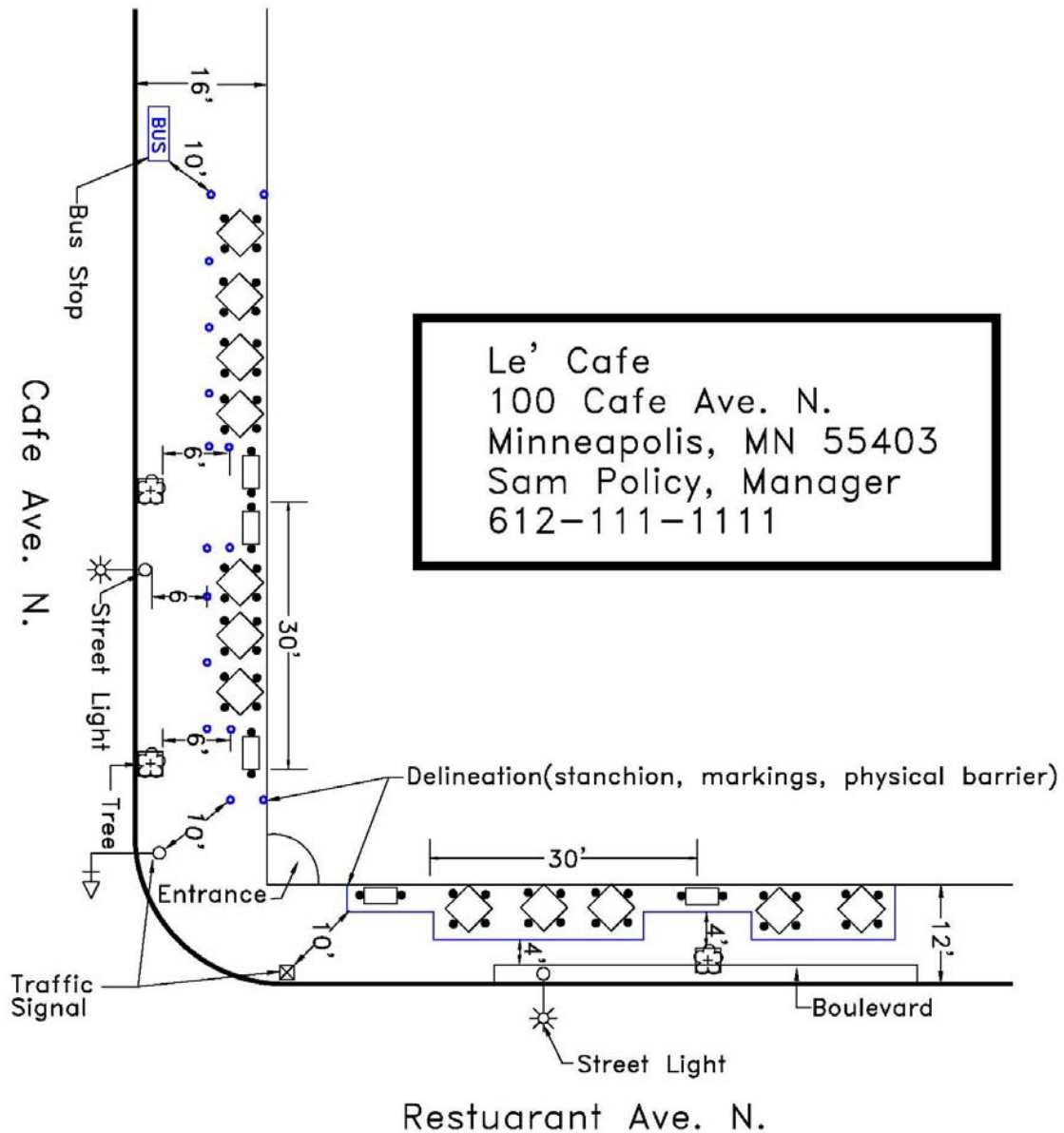
1. The detailed floor plan must cover the entire area between curb and the building, including the curb line and building wall.
2. The plan must show all existing and proposed obstructions in this area. A checklist of possible items to be shown and located on the plan is the following:
  - width of grass area
  - width of sidewalk
  - sign posts
  - parking meters
  - miscellaneous (fire hydrants, planters, bus shelters or kiosk)
  - traffic signals
  - trees/grates
  - light poles
  - building entrances/exits
  - emergency exits
3. 5% or a minimum of one (1) table must be ADA accessible.
4. Show the proposed sidewalk café area on the plan including:
  - number and size of tables
  - number of chairs and location to the tables
  - number of heating elements and location of storage area for gas cylinders
  - any other amenities to be placed, such as planters, lights, signs, umbrellas, etc.
  - delineation such as fencing, stanchions, etc.

Indicate whether any of the tables, chairs, heating devices, or other amenities will be physically attached to the public walk. If yes, a Public Works Encroachment Permit and permits associated with the use of any type of fuel for heating (obtained from Minneapolis Fire Department) must be submitted and subsequently approved.

5. Indicate any planted, groomed, or otherwise landscaped areas including boulevard of your building premises that are adjacent to the sidewalk areas.

6. The building wall shall identify all doors, windows, and other openings, as well as any building feature requiring emergency access.
7. Label all streets running in front of or adjacent to the property.
8. Indicate all sidewalk dimensions from building face to back of curb.
9. Indicate business name, address, and phone number on plan. Indicate contact name plus address and phone number if different than business.
10. The entire plan shall be dimensioned and must be on 8 1/2- by 11-inch paper. Submit two legible hard copies to Business Licenses application for license.
11. A copy of the plan, license, and any additional permits (those needed for heating units) must be posted on-site and readily available upon request at all times. The name and phone number of sidewalk café manager must be on the plan. If the license and plan are not available, fines can and will be levied.

## Example of Sidewalk Cafe Plan



## Information Items

1. The City of Minneapolis may approve sidewalk cafés with a standard less than the herein-mentioned standards when both the ADA requirements (four foot minimum) and limited pedestrian volumes are met.
2. A minimum of four (4) feet of clear, unobstructed pedestrian walkway shall be maintained between all obstructions and the proposed edge of café when the existing sidewalk is twelve (12) feet or less and will not extend more than thirty (30) feet where it shall widen to six (6) feet for a minimum of six (6) feet and provide ample room for two or more wheelchairs, strollers, pedestrians, etc., to pass. When two neighboring cafés fall within the thirty (30) foot zone, both will equally share the six (6) foot zone. A minimum of six (6) feet shall be maintained between all obstructions and the proposed edge of café when existing sidewalk is wider than twelve (12) feet. Alignment of tables/heating elements must be straight to the greatest degree possible.
3. Unless specifically exempted, all cafés must be within an area that is physically delineated. Operators may use structural devices (stanchions, planters, etc.) or may mark the sidewalk with paint markings at each corner of the approved area and every eight (8) feet of the area. (This is not permitted on Nicollet Mall.) These markings must be approved by Business Licenses and/or Public Works Traffic and Parking Services. Operation of the sidewalk café outside of the delineated area is not permitted.
4. Cafés approved after the effective date of this policy may be allowed next to street (curbside) on blocks where parking is prohibited. If allowed, a two (2) foot clear zone from *back of curb* must be maintained at all times when tables/chairs are occupied. No new sidewalk café license will be granted after the effective date of this policy if it is to be located next to the street (curbside) if parking meters or active loading zones are present anywhere on the block face.
5. At no time will wait staff be allowed to block pedestrian walkway when taking orders or delivering orders.
6. No portion of a sidewalk café (except those with ten (10) or fewer seats with the approval of Public Works Traffic and Parking Services) shall be located within ten (10) feet of designated bus stop, taxi stand, traffic signal, crosswalk, pedestrian curb cut, or active loading zone.
7. A minimum vertical height of six (6) feet six (6) inches shall be maintained between the sidewalk and the lowest edge of table umbrellas or awnings if the umbrella or awning extends over the edge of the café boundary.
8. All emergency entrances and exits must be clear of obstructions at all times and marked clearly on diagram and Americans with Disabilities Act (ADA) requirements (four (4) foot minimum) shall be met.
9. No permanent attachments to the public sidewalk or other public improvements shall be permitted unless the applicant can provide sufficient proof that no public liability is likely to result and that any damage to public facilities will be repaired upon termination of the sidewalk café facility. A Public Works Encroachment Permit may be required.
10. Existing public street furniture, such as benches, planter boxes, kiosks, and trash receptacles shall not be moved or removed to accommodate a sidewalk café unless it can be determined that such street furniture is no longer needed or that they can appropriately be relocated elsewhere. Any removal or relocation of street furniture will be at the applicant's expense and with City of Minneapolis Business Licenses and Public Works approval.
11. The City of Minneapolis retains all rights to remove or alter any sidewalk café area at any time for public improvements or repairs to City of Minneapolis right of way, in the event of a civic event, or any identified safety issue or hazard.
12. Any sandwich board or menu stand pertaining to the holder of a sidewalk café permit must be located within the approved precincts of the sidewalk café.
13. The sidewalk café license term shall be April 1 to March 31 of each year.
14. Annual license renewal is required for all sidewalk cafés. With the exception of (4), above, as of April 1, 2006, all sidewalk cafés will have to come into compliance with the new policy.
15. Insurance must be submitted on a City of Minneapolis insurance certificate. The effective coverage dates are required to cover the entire length of the season. (Attach certificate to license application.)
16. All licenses are subject to City of Minneapolis approval and renewal plus any local service district review.
17. Failure to comply with any provision of the sidewalk café policy shall result in adverse licensing including but not limited to fines, suspension, and revocation.
18. If at any time ownership of the business changes, the current license becomes void and the new ownership must apply for a new sidewalk café license immediately.
19. Incomplete applications will not be accepted.
20. Use of LP gas for use in any form of heating device must meet City of Minneapolis Fire Department Regulations. Contact City of Minneapolis Fire Department when using any form of heating unit within the sidewalk café. Any permit needed for heating device must accompany the sidewalk café license and plan and be available when asked for.





# Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION

**Return to: [SACprogram@metc.state.mn.us](mailto:SACprogram@metc.state.mn.us)**

***If filling form out by hand, you must print clearly. We will reject incomplete or illegible forms.***

## CURRENT PROJECT INFORMATION (You must fill in all answers)

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Estimated Year of Occupancy: \_\_\_\_\_

Site Address (if address not assigned, need street intersections): \_\_\_\_\_

Suite Number: \_\_\_\_\_

City Name: \_\_\_\_\_

Site Location / Campus (e.g. Mall of America; etc.): \_\_\_\_\_

Parcel Identification Number (PID): \_\_\_\_\_

Original Building Construction Year: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

## PREVIOUS SITE/BUSINESS INFORMATION (You must fill in all answers if there was a different business previously in this suite/building)

Previous Business Name in same space as current project: \_\_\_\_\_

Previous Type of Business: \_\_\_\_\_

Estimated Year(s) of Occupancy: \_\_\_\_\_

Previous Site Address (if different than current project): \_\_\_\_\_

Previous Suite Number (if different than current project): \_\_\_\_\_

Entire Building Has Been or Will Be Demolished? (Check no or yes)  No or  Yes, Year \_\_\_\_\_

## CONTACT INFORMATION (You must fill in all answers)

Contact Name for Questions and Copy of Determination: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Phone Number (xxx-xxx-xxxx): \_\_\_\_\_

Contact Email Address: \_\_\_\_\_



# Sewer Availability Charge (SAC) 2017 DETERMINATION APPLICATION INSTRUCTIONS & CHECKLIST

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## APPLICATION INSTRUCTIONS

1. **Business Name and Type of Business** – Name of the business that the SAC determination calculation is for and the type of business it is. (e.g. office, apartment, learning center, retail, clinic, etc.)
2. **Estimated Year of Occupancy** – What year did (or will) this business move into this space?
3. **Site Location/Campus** – The name of the building, such as Mall of America, Centennial Lakes, City Centre, etc.
4. **Parcel Identification Number** – This is a unique number assigned by the County for the specific property where the building is located. If you don't know this information, you will need to contact the County, County website, City or property owner to get it. This helps us identify exactly where the property is located on a map.
5. **Original Construction Year** – When the building was originally built. If you don't know this information, you will need to contact the County, County website, City or property owner to get it.
6. **Project Description** – Describe the specific work you are doing at the property so that the SAC charges are assessed correctly.
7. **Previous Site/Business** – This section helps identify potential SAC credits that could lower your SAC charges. Enter the previous business name, type of business, and estimated years of occupancy that the new business will be taking over. If the previous address and/or suite number is different than the current address and/or suite number, enter this information.
8. **Contact Information** - This is the person the SAC Technician will contact if there are any questions. A copy of the determination letter will also be sent to this person.
9. **Save this form and email with the other items from the list below.**

## ITEMS YOU ARE REQUIRED TO SUBMIT

1. SAC Determination Application (Transmittal-A)
2. Site Plan – If not available, an aerial photo pinpointing the location of the building will be accepted
3. Architectural Floor Plans – must be:
  - a. Same plan that you sent to your City for their review
  - b. Scalable, or with individual dimensions shown on the plan for every room and every space
  - c. All rooms labeled on the plan for the intended use of the space, or room schedule
  - d. Furniture plan (for restaurant, salon, bar, theater, stadium/arena seats) – include indoor and outdoor
  - e. Plumbing fixture layout (for clinic, hospital, parking garage)
4. Additional Transmittal or Affidavit forms – Please review Transmittal-B, Affidavit-A, Affidavit-B or Reclaim forms to see if they apply to your specific project. Fill out all those that apply.

## ADDITIONAL ITEMS THAT MAY BE REQUESTED FOR REVIEW

1. Building Tenant Layout – Plan or drawing showing the location of the current business in the whole building
2. Demolition Floor Plans – This helps identify the previous use to determine potential credits. Must be:
  - a. Scalable, or with individual dimensions shown on the plan for every room and every space
  - b. All rooms labeled on the plan for the previous use of the space, or room schedule



## Sewer Availability Charge (SAC) 2017 AFFIDAVIT OF BUSINESS USE FOOD AND DRINK ESTABLISHMENTS

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**YOU MUST ANSWER ALL QUESTIONS OR WE WILL REJECT THE APPLICATION.**

Business Name: \_\_\_\_\_

Business Site Address: \_\_\_\_\_

City Name: \_\_\_\_\_

**PLEASE MARK ALL BOXES THAT ARE TRUE ABOUT YOUR BUSINESS WITH AN X.**

### Type of Service Provided

We Handle and Prepare Food, and Have Customer Seating:

Yes  No

We Serve Drinks Only (We Don't Handle Food) and We Have Customer Seating:

Yes  No

We Serve Take Out Food Only and Have No Customer Seating

Yes  No

### Type of Seating Provided

What Type of Seating Will the Establishment Have:

Indoor Seating  Outdoor Seating  No Seating

*If your business has any restrictions on consuming food or drink in any area of the property, you must submit a copy of the City-approved ordinance or City-issued business license stating the restriction(s) with this form.*

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I certify that I have read and understood all questions in this affidavit and that my answers are true to my knowledge and belief. I also understand that giving false answers in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_

Date: \_\_\_\_\_