



**City of Wyandotte
Outdoor Café
Annual Renewal Application**

Engineering and Building
3200 Biddle Avenue
Wyandotte, Michigan

Date: _____

REQUIRED INFORMATION:

Address of Outdoor Café: _____

Name of Business: _____

Property Owner: _____

Address: _____ City: _____ State _____ Zip Code _____

Phone Number: (____) _____ Fax: (____) _____ Email: _____

Applicant: _____

Address: _____ City: _____ State _____ Zip Code _____

Phone Number: (____) _____ Fax: (____) _____ Email: _____

Zoning of Property _____ Outdoor Café Location: ___Public Property ___ Private Property

NOTE: An Outdoor Café in a B-2 Zoning District may provide for only 35% more seating than is provided inside the restaurant. Additional parking required (Sec. 2202.5.7)

Hours of occupancy for Outdoor Cafe: _____ AM thru _____ PM

(§190.307.S(1)(a) 7:00 a.m. to 12 midnight Monday thru Thursday and Sunday; Extended hours to 2:00 a.m. on Friday and Saturdays, 3rd Fridays, Street Art Fair Days, March 17, New Year's Eve, Wednesday before Thanksgiving Day, Thursday before Easter, and events approved by Resolution by City Council.)

Dates of occupancy for Outdoor Café: From: _____ to _____
(§190.307.S(1)(a) - Dates Allowed January 1st to December 31st)

Area of occupancy in square feet: _____ sq ft; dimensions _____ x _____

Capacity of existing establishment: _____ people (with seating) _____ people (without seating)

Capacity of proposed outdoor café: _____ people (total number of seats)

Will alcoholic beverages be served at the outdoor café: _____ Yes _____ No

Any changes to the approved plan _____ Yes _____ No
(Attach Revised Plan)

INSURANCE FOR OUTDOOR CAFES ON PUBLIC PROPERTY:

Attach updated Certificate of Insurance _____ Yes

CERTIFICATION:

Applicant covenants and agrees to strictly comply with all terms and conditions of the Outdoor Café Ordinance, all other ordinances and requirements of State and Federal laws, and further understands and agrees that the Planning Commission and/or City Council in its sole and absolute discretion, may approve, deny or set any conditions or limitations on any outdoor café which may be approved.

FEE:

Dated this _____ day of _____, 2_____

Applicant's Signature: _____

Print Name and Title

Office Use Only	
FEE: _____	\$150.00 with no alcohol served, consumed or possessed
	\$600.00 with alcohol served, consumed or possessed
	Notes:
Public Department Approval: ___ Yes ___ No	Date: _____, 20_____
Fire Department Approval: ___ Yes ___ No	Date: _____, 20_____
Eng/Bldg. Department Approval: ___ Yes ___ No	Date: _____, 20_____
Insurance Certification on File: ___ Yes ___ No	Date: _____, 20_____
Hold Harmless Agreement Executed: ___ Yes ___ No	Date: _____, 20_____
Grant of License Issued: ___ Yes ___ No	Date: _____, 20_____