

**CITY OF WHITING**  
**OFFICE OF THE CLERK-TREASURER**  
**SIDEWALK CAFE REGISTRATION LICENSE APPLICATION**  
**YEAR \_\_\_\_\_**

**APPLICANT INFORMATION**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Cellular Phone Number &/or Pager Number

**GENERAL BUSINESS INFORMATION**

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

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip

IN State Tax Number or Federal I.D. # (Must be Included) \_\_\_\_\_

Type of Operation:    \_\_\_\_\_ Sole Proprietor    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation

**DETAILED BUSINESS INFORMATION**

List Business Associates if Applicable

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

List Corporate Officers if Applicable

_____	_____	_____
Name	Home Address	Phone Number
_____	_____	_____
Name	Home Address	Phone Number
_____	_____	_____
Name	Home Address	Phone Number

Manager Information if Applicable

Manager's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Miscellaneous Information**

**Business Operations**

Business Operation (Check One)  
\_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Indoor/Outdoor

**Operating Days and Hours**

\_\_\_\_\_

**Will Liquor be served on the premises?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please attach copy of Liquor License.**

**Seating Capacity** \_\_\_\_\_

**Will Food be served on the premises?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please attach copy of Certificate from Lake County Health Department.**

**Seating Capacity** \_\_\_\_\_

Number of employees \_\_\_\_\_ Number per shift \_\_\_\_\_  
Commercial Area (Square feet) \_\_\_\_\_

You will be required to submit the following prior to issuance of license.

1. Description of all plans necessary to establish and install an Outdoor Sidewalk Cafe: within the designated "119<sup>th</sup> Street Outdoor Cafe District", describing its furniture and discussing how the proposed "Outdoor Sidewalk Cafe" will be maintained;

2. Presented all furniture and/or furnishings to be part of the “Outdoor Sidewalk Cafe” to the Whiting Board of Public Works and Safety for approval on \_\_\_\_\_ (date);
3. Received approval from the Whiting Board of Public Works and Safety for said furniture and/or furnishings to be part of the “Outdoor Sidewalk Cafe” on \_\_\_\_\_(date);
4. Posted or filed with the Whiting Board of Public Works and Safety a Policy of Insurance in a form acceptable to the Whiting City Attorney and with the limit of liability of not less than \$1,000,000.00 so conditioned as to assure the ability of the applicant to respond to damages in any action brought for personal injury or property damage sustained, and
5. Submitted to the Whiting Board of Public Works and Safety a Letter of Compliance dated \_\_\_\_\_ stating that the applicant agrees to comply with the Outdoor Sidewalk Cafe Standards and Conditions.

**LICENSE APPLICATION MUST BE SIGNED**

**Signature Section**

**I hereby attest that I will not do, authorize or permit any act to be done in violation of the laws of the United States of America, the laws of the State of Indiana or the Ordinances of the City of Whiting, Indiana in or about my place of business. All of the answers made by me in the foregoing questions are true and are submitted for the purpose of procuring a license from the City of Whiting, Indiana to operate a lawful business.**

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

**License Fee: \$50.00**

**Mail to: John T. Haynes  
Clerk-Treasurer  
P.O. Box 230  
Whiting, IN 46394**