

CITY OF LAMBERTVILLE
OUTDOOR SEATING LICENSE APPLICATION

(Please attach three (3) copies of the Outdoor Seating Plan)

Name of Applicant: _____

Address of Applicant: _____

Applicant Phone Number:

Day: _____

Evening: _____

Business Name: _____

Business Address: _____

Name of Building Owner: _____

Address of Building Owner: _____

Name of Person Who Prepared Outdoor Seating Plan: _____

Address of Person Who Prepared Outdoor Seating Plan: _____

Office Use Only

Date Plan Submitted: _____ Date Plan Approved: _____

Date Written Authorization from Property Owner Received: _____

Retail Food License Number: _____

Number of Seats Approved: _____ License Fee Received: _____

Date of Resolution: _____