

Signature of Applicant

City of Plymouth Outdoor Dining Area Permit Application

Permit #	

City of Plymouth

www.plymouthmi.gov

Date

Indicate Who the Applicant Is. If Property Owner, Skip to Section III. Applicant Name Phone Number Email Address (Required) City State Zip Code II. Outdoor Dining Area Name of Business Business Phone Number Does this business have an existing liquor license? INO V. Hours of Operations Are the hours of operation different the regular business hours? No. Contact/Emergency Number During Hours of Operation Attachments — Please include the following items One copy of site plan showing the dimensions of outdoor dining area. Site plan shall also include dimensions to all trees, lights, hydrants, curbs, ramps, doors that open into outdoor area, buildings, and other obstructions. The location and layout of the outdoor dining area in relation to the building and building entrance. The location of security cameras, if applicable, and specifications of security camera system. Certificate of Insurance that specifically states, "The City of Plymouth is named as an additional insured with respect to outdoor	Property Owner Address City State Zip Code Applicant and Contact Information	Business Address	t Information					Date	of Applicat	ion
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VII. Fee Schedule

	Fee	Qty	Total
Application fee	\$500.00		
Application fee (for non-liquor serving establishments with 3 or fewer tables)	\$250.00		
Outdoor dining area usage fee	\$2.50 per SF*		
	T	otal Fee	

^{*\$2.50} per square foot for the 2024 season. In subsequent years, the cost will increase by the annual rate of inflation or 3%, whichever is less.