1. Licensed Business and DBA name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Licensed Business address:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business phone number/Cell phone number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Owner/manager:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Owner/manager email address:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Owner/Manager 24-hour contact number (In case of issues outside of normal business hours):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Are you installing a tent?:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Please note, tent can only have two sides.
8. Describe in detail the area in which you wish to temporarily expand your license, including the dimensions, seating capacity and maximum occupancy. Please attach pictures of the site plan of expanded the seating area, with tables and chairs.      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Describe fencing/barriers to be used around the seating area:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Who owns the proposed outdoor seating area?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* If the business owner is not the owner of the proposed outdoor seating area, please submit a letter from the owner authorizing the use of the lot by the restaurant.
11. Are you requesting to serve alcohol in the outdoor dining area? YES [ ]  NO [ ]
	* If YES, please complete the Town of Acushnet Outdoor Alcoholic Beverage Service COVID-19 Safety Protocol Plan.
	* Liquor License Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Currently Approved Hours of Liquor Service:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Please note you must submit a certificate of insurance covering the outdoor area with the Town of Acushnet specifically named as additionally insured for general liability and liquor liability.
12. How many tables and chairs would you like to put in the outdoor dining area?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* NOTE: Tables must be at least 6’ apart to facilitate social distancing.
13. What are the proposed service hours for the outside serving area?:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Please note, there will be a 10:00 p.m. mandatory ending time for all outdoor service as part of the temporary outdoor dining plan.
14. Please provide a brief summary of your restroom access plan:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the Town of Acushnet Outdoor Dining COVID-19 Safety Protocol Plan and submit it with this Application to be considered for temporary outdoor dining. If you have additional questions regarding the process to extend your premises in order to allow the sale and consumption of alcohol in the outdoor dining area, please contact Lisa Leonard at lleonard@acushnet.ma.us or call 508-998-0200 x4200. Please understand that we will be working diligently to approve these temporary applications as soon as possible.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Authorized Signatures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Signature of Owner/Manager  |  |  | Print Name |  | Date |

-------------------------------------------------------------------------------------------------------------------------------------

*For Internal Purposes Only:*

Received: [ ]  Application for Temporary Outdoor Dining

[ ]  Alcoholic Beverage Service Plan

[ ]  Outdoor Dining Safety Protocol Plan

|  |  |  |
| --- | --- | --- |
| **Approved By:** | **Signature/Initials** | **Date** |
| Health Agent |  |  |
| Building Commissioner |  |  |
| Fire Chief |  |  |
| Police Chief |  |  |
| Town Administrator |  |  |