



TOWNSHIP OF WEST ORANGE OUTDOOR CAFÉ PERMIT APPLICATION

COMPLETE ALL SECTIONS BELOW

ALL sections MUST be completed in order to process the application.

1. Applicant Information

Name of Food Establishment: _____

Property Location Address: _____

Property Block: _____ Lot: _____ Zone: _____

Contact Name: _____

Contact Address (Current): _____

Telephone: _____ Fax: _____ Email: _____

2. Owner Information

Property Owner: _____

Property Owner Address: _____

Telephone: _____ Fax: _____ Email: _____

3. Outdoor Café Site Plan (IMPORTANT! Please attach sketch):

A. Is the property to be used for the outdoor café located on a public sidewalk or easement? Y/N _____

OR

Is the property to be used for the outdoor café located on the property of an existing food establishment? Y/N _____

B. Number of tables to be used: _____ Number of seats to be used: _____

4. Authorization and Verification

I certify that the statements and information contained in this application are true.

Applicant's Signature Print Name Date

Owner's Signature Print Name Date

Sidewalk Cafe Location

Sidewalk Café Location

