APPLICATION FOR TEMPORARY OUTDOOR SEATING FOR RESTAURANTS

The Town of Gates recognizes that as restaurants with eating and/or drinking start to reopen that outdoor seating may be needed to provide the proper social distancing during this COVID-19 Pandemic and to stay within the Governor’s Executive Order. The Town has a Temporary Permit for **New or Expanded** Outdoor Seating. The Town can and is willing to assist with seating plans and guidelines if needed.

Please note, this does not apply to establishments with already permitted existing outdoor seating in Good Standing with the Town of Gates Codes and Regulations. If applying for expanded or additional seating a fee of **$50.00** may apply.

Please contact the Fire Marshal at 585-429-8244 or the Code Enforcer 585-429-8279

Applicant Name: __________________________________________________________

Property Owner: __________________________________________________________

Business Name: __________________________________________________________

Business Location: _______________________________________________________

Contact Number: __________________________________________________________

Email: __________________________________________________________________

Guidelines/Information Required:

- Adequate social distancing between tables [minimum six feet between seating perimeter around table(s)]
- Seating placement: a sketch plan of the proposed outdoor seating area with a written description including numbers of tables, chairs, and any site modifications. The Town may be able to assist with maps and plans
- Outdoor area is protected from traffic by using barriers, stanchions, fencing, etc. [please indicate how]
- Clear access to the parking lot or sidewalk is maintained
- Clear access to the fire lanes and fire connections.
- If the applicant intends on erecting a tent, a separate tent permit/inspection will be required.
- Temporary outdoor seating permit is effective through December 21, 2020

Applicant Signature: ______________________________ Date: ____________________

Office use: Authorized by: ______________________________ Date: ____________________