



Town of Wallingford, Connecticut

TOWN OF WALLINGFORD

APPLICATION FOR OUTDOOR SIDEWALK DINING

Location of Property: _____

Applicant: _____ Phone # _____

Applicant's Interest in Property: _____

Permittee, if Different: _____ Phone # _____

Record owner of Property: _____ Phone # _____

PLEASE NOTE:

1. Record owner must sign application.
2. Attach a scale drawing of area to be occupied, showing tables, chairs and any other appurtenances, including barrier(s)..
3. Supply certificate of insurance providing for liability insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 general aggregate. The Town of Wallingford shall be named an additional insured.
4. Sign and date the attached Agreement to Indemnify and return to the Building Department.

Signature of Record Owner

Signature of Applicant

Print Name:

Print Name:

Date: _____

Date: _____

*Note: Permits shall be annually renewed by submitting current certificate of insurance to the Building Department, covering the outdoor dining season from 3/1 to 11/30.



Town of Wallingford, Connecticut

**AGREEMENT TO INDEMNIFY
THE TOWN OF WALLINGFORD FROM LIABILITY**

The undersigned, in consideration of being granted permission to operate outdoor sidewalk dining, hereby agree to indemnify and hold harmless the Town of Wallingford, its employees, officials and/or agents from any and all claims, actions, injuries or damages of every kind and description which may accrue to or be suffered by any person by reason of or related to the operation of outdoor sidewalk dining at the below-named restaurant.

(Name of Restaurant)

_____ Date: _____
Applicant

_____ Date: _____
Owner

_____ Date: _____
Insured
(if different from Applicant)