

City of Apalachicola
APPLICATION FOR SIDEWALK PERMIT
ORDINANCE # 2017-03

NAME OF APPLICANT _____ EMAIL: _____

MAILING ADDRESS _____ TELEPHONE _____

BUSINESS NAME _____

BUSINESS LOCATION _____

BUSINESS FEDERAL TAX ID # _____

NAME/ADDRESS OF ADJACENT BUSINESS _____

TYPE OF BUSINESS:

- RETAIL (\$100.00) _____ - FOOD AND BEVERAGE (\$150.00) _____

OWNERSHIP:

- SOLE PROPRIETOR _____ / CORPORATION _____ / PARTNERSHIP _____
- LLC _____ / OTHER _____

BY SIGNING THIS PERMIT THE PERMITTEE AGREES TO INDEMNIFY, DEFEND, SAVE, AND HOLD HARMLESS THE CITY OF APALACHICOLA, ITS OFFICERS AND EMPLOYEES OF, FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITY, LAWSUITS, DAMAGES AND CAUSES OF ACTION WHICH MAY ARISE OUT OF THE PERMIT OR THE PERMITTEE ACTIVITY ON THE PERMITTED PREMISES OR ADJACENT THERETO OR INVITEES OF THE PERMITEE.

THE PERMITTEE AGRESS TO MEET AND MAINTAIN FOR THE ENTIRE PERMIT PERIOD, AT ITS OWN EXPENSE, THE FOLLOWING:

1. Commercial General Liability Insurance in the amount of \$1,000,000.00 per occurrence for Bodily Injury and Property Damage. The City must be named as Additional Insured on this policy and a Certificate of Insurance containing an endorsement must be issued as part of the policy.
2. For commercial operations permitted which serve alcoholic beverages, Alcohol-License Liability Insurance in the amount of \$1,000,000.00 per occurrence for Bodily Injury and Property Damage. The City must be named as an Additional Insured on this policy and a Certificate of Insurance containing an endorsement must be issued as part of the policy.
3. Workers' Compensation and Employers' Liability as required by the State of Florida.
4. All policies must be issued by companies authorized to do business in the state and rated B1+V1 or better per Best Key Rating Guide, Latest Edition.
5. The City must receive 30 Calendar days written notice prior to any cancellation, non-renewal or material change in the coverage provided.

BY SIGNING THIS APPLICATION, I AGREE THAT I HAVE READ AND AGREE WITH THE ENTIRE "SIDEWALK" ORDINANCE

SIGNATURE _____ DATE _____

The following must be included with this application:

- Fee _____ / Proof of Insurance _____ / Business license # _____ / Affidavit from Property Owner if different from Business owner _____ / Drawing of area to be permitted _____ / Photos _____