

# City of Momence

29 N. Dixie Highway  
 Momence, IL 60954  
 815-472-2001

## SIDEWALK DINING PERMIT APPLICATION

<b>Business Name:</b>	
<b>Owner Name:</b>	
Address:	
City/State:	Zip:
Phone:	
Cell Phone:	Email:
Description of Proposed Dining Area:	
Duration of Proposed Use:	
<p>The permittee agrees to defend, indemnify and hold harmless the City, its agents, employees and officials, while acting within the scope of their duties, from all causes of action, demands and claims, including the costs of defense and appeals therefrom, arising in association with the permitted activity including but not limited to the permittee's employees, agents, representatives or subcontractors or third parties for personal injuries, bodily injuries, death, or damage to property that arise out of any acts or omissions of the permittee, its employees or representatives, or any other persons or entity, except for liability caused due to the sole negligence of the City.</p> <p>I acknowledge that my responsibilities as the sidewalk dining operator include the following and I agree that I will comply with these requirements:</p> <ul style="list-style-type: none"> <li>I will make sure that the sidewalk dining in no way interferes with pedestrians or limits their free and unobstructed passage.</li> <li>I will maintain the sidewalk and all objects placed on the sidewalk in a clean and attractive condition.</li> <li>I will provide trash containers for use by the patrons if throw-away products (utensils, cups, plates, etc.) are used.</li> </ul> <p>By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities. I also certify that I have read and agree to the statements above regarding holding the City harmless and the responsibilities as the sidewalk dining operator.</p>	
<b>Signature of Owner/Agent</b>	<b>Date</b>
<b>Project Contact</b>	<b>Telephone Number</b>

<b>APPLICATION CHECKLIST:</b>	
Applications that are incomplete or are submitted without the following items cannot be processed.	
No. to be Submitted:	Item Description:
1	Application
2	Site Plan that includes: <ul style="list-style-type: none"> <li>Make a drawing of the proposed area to be used for the sidewalk dining. Clearly identify the sidewalk obstructions (as mentioned previously), label all doorways to the interior of the building and provide accurate dimensions of the length and width of your dining area. It is not necessary to make this drawing to scale, but please provide accurate dimensions. This information will be used as the "Exhibit" to show the area approved by the Local Liquor Commissioner/or designee for your sidewalk dining.</li> </ul>
1	Certificate of insurance and endorsement form. See the attached pages titled, 'Insurance Requirements for City Permits' and 'City Form' for the City's requirements with regard to these items.
	Other
<b>STAFF NOTES:</b>	
<b>PERMIT FEES:</b>	
Yearly Sidewalk Dining Permit Fee:	\$25.00
Other (list):	
<b>Total Fees:</b>	

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## SIDEWALK DINING GENERAL INFORMATION & REQUIREMENTS

### WHAT IS SIDEWALK DINING:

City Code defines operating sidewalk dining as serving food or beverages to patrons seated at tables within the sidewalk area adjacent to the permitted establishment. Operating sidewalk dining in the City of Momence requires a permit. The permit fee is \$25.00 per calendar year. Sidewalk dining typically consists of tables and chairs arranged in a single row on the sidewalk.

### SIDEWALK WIDTH REQUIREMENTS:

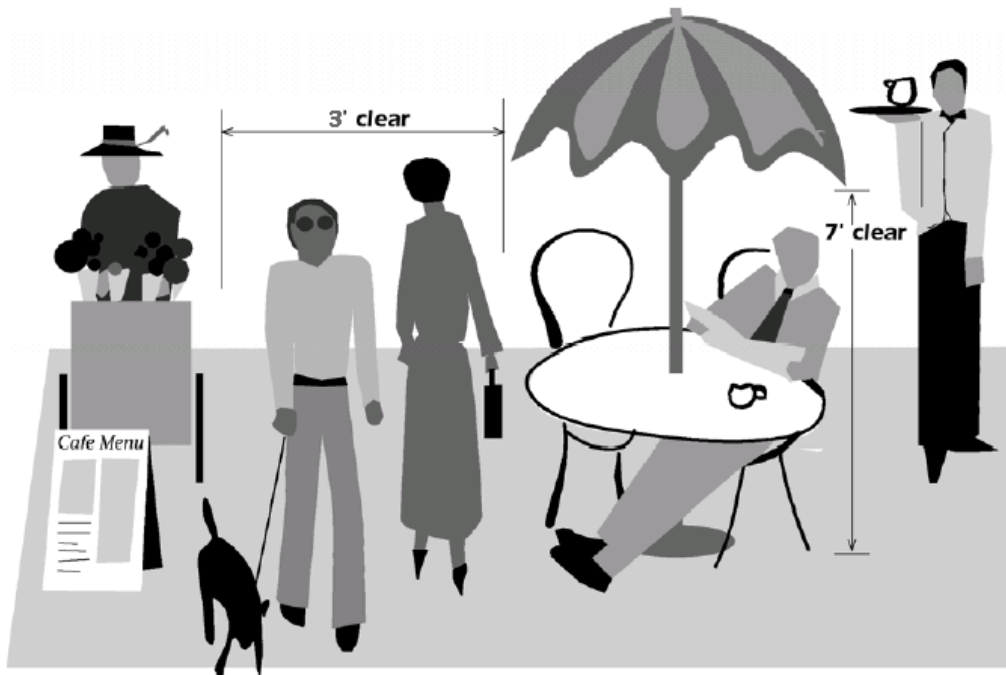
Sidewalk dining is only allowed in areas where the sidewalk can accommodate a 3-foot clear pedestrian passageway. All sidewalks must maintain a clear passageway of at least 3 feet for pedestrians **at all times**.

Sidewalk Dining is covered in Title 3; Chapter 10; Sections 1-6; of the Momence Municipal Code.

### DINING LAYOUT REQUIREMENTS:

In determining the proposed layout for your sidewalk dining, you must take the following into consideration:

- All existing sidewalk obstructions such as sign and signal poles, fire hydrants, sidewalk furniture, etc.
- Sidewalk width requirement:
- All dining areas must maintain a clear width of 3 feet for pedestrians at all times.
- Keep table umbrellas securely attached to tables, always provide a minimum height of seven feet height clearance and ensure the umbrellas don't encroach into the three feet clear zone.



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Email: [cityhall1@cityofmomence.com](mailto:cityhall1@cityofmomence.com)

# INSURANCE REQUIREMENTS FOR CITY PERMITS

## THE CITY OF MOMENCE REQUIRES:

1. A Standard Certificate of Liability Insurance, with the City of Momence named as the Certificate Holder (see address below).
  - a. Agent's name and address are indicated.
  - b. Insured's name and address are indicated (insured must be the same entity as the permittee).
  - c. Policy number is indicated.
  - d. Policy period is current (effective/expiration dates).
  - e. The policy is written on an occurrence basis.
  - f. The City of Momence is listed as the certificate holder.
  - g. The certificate has been signed by the insurance agent.
  - h. In the section of the certificate 'Description of Operations/Locations', include a detailed description of the ROW use. Also, reference the additional insured endorsement in this section. For example: *"Operations to include sidewalk dining with tables, chairs, etc. See attached additional insured endorsement"*.
  
2. An additional insured endorsement naming the City of Momence as an additional insured. The following types of endorsements are acceptable:
  - A. The endorsement form that follows on the next page (titled the 'City form'); or,
  - B. Other endorsement form accepted by the City

## MINIMUM REQUIREMENTS FOR LIABILITY INSURANCE:

- \$ 300,000 - per claimant for property damage;
- \$100,000 - per claimant for all other claims arising out of a single accident or occurrence;
- \$300,000 - for any number of claims arising out of a single accident or occurrence; or
- \$300,000 - combined single limit (*or general aggregate*) policy.

## CANCELLATION NOTIFICATION:

Please note that the City of Momence requires thirty (30) days notice from the insurance company prior to terminating or canceling the policy.

## ADDITIONAL INSURED ENDORSEMENT - THE CITY FORM:

Please give all required information on the top section of the form:

- Insured Person or Business,
- Name of Insurance Company,
- Policy Number,
- Effective Dates of the policy.

Please make sure that it is signed by an authorized person at your insurance company (usually an underwriter) and dated.

## OFFICIAL MAILING ADDRESS:

City of Momence  
29 N. Dixie Highway  
Momence, IL 60954

## QUESTIONS:

Please contact City Hall at (815) 472-2001.

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**CITY FORM**

This Form to be Attached to Permittee's Certificate of Insurance

**INSURED:**

**COMPANY:**

**POLICY NUMBER:**

**EFFECTIVE:**

The policy shall bear the following endorsements:

"Without prejudice to coverage otherwise existing herein, the City of Momence, its officers, agents, and employees are included as additional insureds under this policy as to any claim or claims for injury to person including death, or damage to property, resulting from or growing out of the operations of the permittee within the City of Momence, Illinois."

"It is understood and agreed that this policy shall not terminate or be cancelled without first giving thirty (30) days written notice of intention to terminate or to cancel said policy to the Momence City Hall / 29 N. Dixie Highway / Momence, Illinois 60954."

"Notwithstanding the naming of additional insureds, the said policy shall protect each insured in the same manner as though a separate policy has been issued to each; but nothing herein shall operate to increase the insured's liability as set forth elsewhere in the policy beyond the amount or amounts for which the insured would have been liable if only one person or interest had been named as insured. The coverage applies as to claims between insureds on the policy. This endorsement assures that the policy complies with the terms and conditions of the named insured's permit with the City of Momence."

Authorized Representative: \_\_\_\_\_

Dated: \_\_\_\_\_

Name & Address of Certificate Holder:

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