Department of
Engineering Services
Town Hall ● 100 Main Street
Huntington, NY 11743-6991

Phone: (631) 351-2821
Fax: (631) 351-3132

TEMPORARY OUTDOOR DINING ON THE TOWN'S RIGHT-OF-WAY

FOR 2020 ONLY

Business Name (legal/dba): _____

Business Owner's Name (Individual):_____

Business Address (Specific Location):_____

E-Mail:_____Home Phone:_____

Work Phone:_____Cell Phone:_____

- The building in which the restaurant is located shall have a certificate of occupancy for the current establishment before applying for the temporary outdoor dining permit.
- Submit a sketch showing the number of tables and chairs and approximate area and proposed seating plan that shows where the outdoor dining will be located (on the Town's right-of-way). Chairs and tables shall not obstruct the passage of at least two (2) individuals walking side-by-side along that sidewalk.
- Submit a certificate of insurance, along with the application, evidencing the following coverage: a) : General Liability Insurance with limits of no less than $1,000,000.00 per occurrence/$2,000,000.00 in the aggregate; b) Liquor Liability Insurance with limits of $2,000,000.00 per occurrence; c) and NYS Workers Compensation and Disability Insurance for the restaurants employees (statutory limits). The Town of Huntington must be included as the certificate holder and as an "additional insured, by endorsement." A copy of the endorsement must be provided with the certificate of insurance. All insurance coverage is required to remain in full force and effect for the term of the permit.
- Submit a completed SLA Licensee Certification For Temporary Extension of Licensed Premises Onto Municipal Property, if applicable.
- Submit a copy of state photo ID of the applicant.

Please initial each statement after reading and agreeing to terms:

_____ I hereby certify that I am the owner of a small business located at the address set forth herein, that there is a Certificate of Occupancy for its use as a dining facility and I make this application for a temporary outdoor dining on the town's right-of-way.

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_____ I acknowledge a permit shall be issued for a period beginning January 1 and ending December 31 for the current year, or portion thereof.

_____ I acknowledge any violation of any condition either imposed by the permitting agency or in this Code shall be cause for revocation of the permit for outdoor dining (e.g., the outdoor dining may not be located in an area of required parking, setbacks, buffers or any area designated by any board of the Town for some other use).

_____ I acknowledge that three (3) occurrences of any one (1) or a combination of the following: rowdy behavior, blocking the passage of pedestrians or littering, as observed and cited by Town inspectors or Police Department personnel, shall be cause for revocation of the permit.

_____ I acknowledge as a condition of granting of the temporary outdoor dining permit, the Applicant shall be required to sign an Hold Harmless and Indemnification Agreement which shall include provisions requiring the Applicant to defend, indemnify and hold the Town of Huntington, its officers, agents and/or employees harmless from any liability and attorneys' fees, imposed upon or incurred by the Town of Huntington, its officers, agents and/or employees arising from the negligence, gross negligence, recklessness, malpractice, or intentional tort of the Applicant arising out of or in connection with the Applicant's use and occupancy of the Town's right-of-way as contemplated by the permit herein described.

_____ I acknowledge the applicant shall not install any permanent obstructions or barriers on the Town's right-of-way.

_____ I hereby certify that I am compliance with the New York Forward Safety Plan of which a copy is to be maintained on premises and must comply with the terms thereof.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO §210.45 OF THE NEW YORK STATE PENAL LAW

_____	_____
SIGNATURE DATE	**SIGNATURE DATE**
_____	_____
PRINT NAME	**PRINT NAME**

Submit this completed form, and, if applicable, the SLA Licensee Certification for Temporary Extension of Licensed Premises onto Municipal Property, and all other necessary documents, to the Town of Huntington Building Permits Coordinator, Steve Kiewra at SKiewra@HuntingtonNY.gov or Building Permits Division, Huntington Town Hall (Room 115), 100 Main Street, Huntington, NY 11743, phone (631) 351-2821, fax (631) 351-3132

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Licensee Certification For Temporary Extension of Licensed Premises Onto Municipal Property (To Be Included With Municipality Application)

SERIAL # _____ **LICENSE TYPE** OP-On Premises

LICENSEE: _____

DBA (TRADE NAME): _____

ADDRESS OF THE PREMISES: _____

CITY: _____ **, NY ZIP CODE:** _____

BUSINESS EMAIL ADDRESS: _____

BUSINESS PHONE: _____

I, _____

Name of Certificant

hereby certify that I am a duly authorized principal or representative of the above-referenced license (and if a representative, I am the _____ [insert title] of the licensee), that I have reviewed the attached diagram, also signed by me, depicting and identifying the municipal property that my municipality is applying to temporarily become part of the licensed premises (the "Municipal Extension"), and that the above-referenced licensee agrees that it will supervise and maintain the Municipal Extension in accordance with the Alcoholic Beverage Control Laws just as if such Municipal Extension was part of the licensed premises as set forth in the license, including any and all Guidance issued by the State Liquor Authority with respect thereto, and that the above-referenced licensee will also adhere to whatever other and further rules and requirements are imposed by my municipality in connection herewith, and that the above-referenced licensee will adhere to these requirements as long as the temporary Municipal Extension remains in place (or until the above-refenced licensee delivers a written certification to the Licensing Bureau of the State Liquor Authority expressly advising that such Municipal Extension is being rejected), after which the above-referenced licensee will no longer be permitted to treat the Municipal Extension as being part of the licensed premises.

_____ _____

(Signature of Applicant/Representative) (Date)