



WEST DEPTFORD TOWNSHIP

# TEMPORARY OUTDOOR DINING PERMIT

PER NEW JERSEY GOVERNOR'S EXECUTIVE ORDER 150 & P.L. 2021, c.15

## PERMIT APPLICATION

**2021 RENEWAL**

### APPLICANT/PROPERTY INFORMATION

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Contact Email: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

### OPERATIONAL INFORMATION

- Scaled Site Plan/Sketch Submitted (required):  YES  NO  
*Attach separate Operational Narrative & indicate if Sidewalks are to be utilized*
- Litter/Refuse Plan Submitted (required):  YES  NO
- Written Consent of Owner Submitted (required if not owner):  YES  NO
- Insurance Certificate Submitted (required):  YES  NO
- Indemnification Agreement Submitted (required):  YES  NO
- Hours of Operation: \_\_\_\_\_ AM/PM to 12:00 AM (curfew)  
(circle one)
- Existing Capacity of Indoor Dining Area: \_\_\_\_\_  
(# of seats per approved Occupancy Permit)
- Proposed Capacity of Outdoor Dining Area: \_\_\_\_\_  
(# of seats)
- Existing # of Parking Spaces: \_\_\_\_\_  
(# of spaces)
- Proposed # of Parking Spaces: \_\_\_\_\_  
*If occupying existing parking area with 8+ spaces, no more than 75% of parking area is to be used and shall maintain at least one (1) ADA parking space*  
(# of spaces)
- Are interior restrooms accessible to the public?  YES  NO
- Additional Exterior Lighting Proposed?  YES  NO  
*(if YES, may require a Construction Permit)*
- Are any tent(s) proposed?  YES \_\_\_\_\_' X \_\_\_\_\_' X \_\_\_\_\_'  
*If YES, may require a Fire Safety or Construction Permit (See attached Tent Guidance)*  
(length) (width) (height)  NO
- Will Alcohol Beverage Service be provided?  YES  NO  
*If YES, must provide copy of NJ Division of Alcoholic Beverage Control (ABC) POSSE Permit & Extension (to be filed by November 23, 2020)*

I, the undersigned, have reviewed, understand and agree to the terms and requirements for the issuance of a Temporary Outdoor Dining Permit, as originally issued, and for the Temporary Outdoor Dining Permit Renewal:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**OFFICIAL USE ONLY**

THE ABOVE PERMIT HAS BEEN REVIEWED BY THE FOLLOWING DEPARTMENTS:

	<b>APPROVED</b>	<b>DENIED</b>	<b>INITIALS</b>
Police Department	_____	_____	_____
Bureau of Fire Prevention	_____	_____	_____
Department of Construction	_____	_____	_____
Zoning Officer	_____	_____	_____
Department of Public Works	_____	_____	_____

**THIS APPLICATION HAS BEEN:**

\_\_\_\_\_ **APPROVED** \_\_\_\_\_ **DENIED**

**TAXES PAID?**  YES  NO

**APPROVED PREVIOUSLY?**  YES  NO

**TOWNSHIP ADMINISTRATOR OR DESIGNEE (FINAL APPROVAL):** \_\_\_\_\_ **DATE** \_\_\_\_\_