


APPLICATION REVIEW

TEMPORARY OUTDOOR RESTAURANT SEATING APPROVAL: 2025 TEMPORARY OUTDOOR RESTAURANT SEATING APPLICATION Application Review

● Submitted

 Print Application

Application Comments

Details

Application ID: _____

Authorization Letter: _____

Applicant: _____

Account User: _____

Permit Manager: _____ City Clerk's Office

Last Updated: _____

Authorization Letter

There are no Authorization Letter for this application.

Related Applications

ID#	Application	Applicant	Start Date
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Application

^ Applicant Information

Applicant: First Name _____

Applicant: Last Name _____

Applicant: Phone Number _____

Applicant: Email _____

Is the applicant the registered owner of the Business? _____

Applicant relationship with the registered owner of the business _____

Registered Business Owner Full Name _____

Registered Business Owner Title _____

Registered Business Owner Phone Number _____

Registered Business Owner Email _____

Does the business have additional owner(s)? _____

Business & Contact Information

Business Name

Location of Property

Property Address 1

Country

State

City

Zip Code

Business Phone Number

Who is the owner of the outdoor area proposed to be utilized for outdoor seating?

eventStartDate

eventEndDate

Site Plan

Required

Site Map related files

On your own property (that is not used for parking, i.e. patio area, grass, private sidewalk)?

On private parking space/lot?

On privately owned sidewalk?

On City property?

Comments and Files:

Outdoor Barriers, Canopies and Furnishings

Required

Protective Barrier Type & Material

Will you use a canopy over 700 sq ft ?

What type of canopy?

Canopy related files

Comments and Files:

Use of Generator / Outdoor Heater / Outdoor Grill / Fire Pit?

Will you be providing outdoor entertainment?

Are you a liquor license holder?

Liquor license related file(s)

Alcohol Monitoring Plan

Comments and Files:

Insurance Requirements Will your proposed space located on city property or right of way?

Insurance Related File(s)

Insurance Description

Comments and Files:

What is your plan for restrooms and hand sanitizer stations?

Required

Washrooms and Hand Sanitizer Stations Plan Description

Washrooms and Hand Sanitizer Stations Plan Related File(s)

Comments and Files:

What is your garbage plan?

Required

Garbage Plan Description

Garbage Plan Related File(s)

Comments and Files:

What is your severe weather plan?

Required

Severe Weather Plan Description

Severe Weather Plan Related File(s)

Have you registered for the Severe Weather Alert?

Comments and Files:

Registration to pay City of Aurora Food and Beverage Tax

Required

Comments and Files:

Signature

Required

I agree to the terms of the Use of Public Property Agreement

I agree to the terms of the hold harmless and Liability Waiver

I agree to remove all outdoor seating equipment within 2 business days of the expiration of the designated outdoor seating approval.

First Name

Last Name

Comments and Files:

Comments and Files:



Internal Notes