



---

## OUTDOOR SEATING OR BAR AREA LICENSE APPLICATION

PURSUANT TO CODE OF ORDINANCES §84.01

### ESTABLISHMENT INFORMATION:

Name of Establishment \_\_\_\_\_

Establishment Owner \_\_\_\_\_

Establishment Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT INFORMATION:

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

### PROPERTY OWNER INFORMATION: *required if applicant is not the property owner*

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

### REQUESTED OUTDOOR SEATING AREA:

Area for outdoor seating \_\_\_\_\_ square feet

Number of dining tables \_\_\_\_\_  anchored  non-anchored Total number of dining chairs \_\_\_\_\_

Number of bistro tables \_\_\_\_\_  anchored  non-anchored Total number of bistro chairs \_\_\_\_\_

**REQUESTED OUTDOOR BAR AREA:**  not applicable

Area for outdoor bar \_\_\_\_\_ square feet Total number of bar stools \_\_\_\_\_

Please attach copies of:  Certificate of Use  City of Weston Business Tax Receipt  Seating Plan\*

\*Seating plan needs to represent: (i) dimension of the tables; (ii) width measurements from the open side of the tables with no seats to edge of the walkway landscape area; (iii) the overall dimension measurements of the walkways from the front wall to the edge of the walkway; (iv) measurements between tables from chair back to chair back; and (v) show neighboring occupancy exit doors to ensure no encroachment in the exit door swing clearance.

Once issued, the license shall be valid until September 30<sup>th</sup> of the fiscal year in which the license is issued. Thereafter, the license must be renewed annually. The original Outdoor Seating or Bar Area License must be conspicuously displayed in the window area nearest the outdoor seating area at all times.

I certify that I have read the requirements and the information I have provided is accurate and true. Applicant/Owner is responsible for complying with any applicable requirement of the Americans with Disabilities Act.

**APPLICANT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporate entity). He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
(Signature of Notary) (Seal of Notary)  
\_\_\_\_\_  
(Name of Notary, printed, typed or stamped)

**PROPERTY OWNER**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact) for \_\_\_\_\_ (name of corporate entity). He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
(Signature of Notary) (Seal of Notary)  
\_\_\_\_\_  
(Name of Notary, printed, typed or stamped)

**SITE PLAN**

Date \_\_\_\_\_ Resolution No. \_\_\_\_\_

Outdoor seating eligible based on approved site plan:

Square Footage \_\_\_\_\_ Seats \_\_\_\_\_

**OUTDOOR SEATING LICENSED**

Square footage approved by Fire Marshal \_\_\_\_\_

Dining tables permitted \_\_\_\_\_

anchored  non-anchored

Dining chairs permitted \_\_\_\_\_

Bistro tables permitted \_\_\_\_\_

anchored  non-anchored

Bistro chairs permitted \_\_\_\_\_

**OUTDOOR BAR AREA LICENSED**

Square footage approved by Fire Marshal \_\_\_\_\_

Bar stools permitted \_\_\_\_\_

Maximum patron capacity \_\_\_\_\_

**OUTDOOR SEATING OR BAR AREA LICENSE APPROVED**

\_\_\_\_\_  
*City of Weston Planning and Zoning Department*

\_\_\_\_\_  
*Date Approved*

\_\_\_\_\_  
*Broward Sheriff's Office Department of Fire Rescue and  
Emergency Services Fire Marshal's Division*

\_\_\_\_\_  
*Date Approved*