City of Richmond Sidewalk Café Permit Application

Department of Planning & Development Review, Bureau of Permits and Inspections
900 East Broad Street, Room 108
Richmond, Virginia 23219
Office: (804) 646-4169
https://www.rva.gov/planning-development-review/permits-and-inspections

Sidewalk Café Permit Number: _____ Date Issued: _____

To Be Completed by Applicant

Food or Beverage Service Establishment Address: _____

Sidewalk Café Operator: _____ Property Owner: _____
(If other than Operator)

E-mail Address: _____ E-mail Address: _____

Telephone Number (Work): _____ Telephone Number (Work): _____

Telephone Number (Home): _____ Telephone Number (Home): _____

I hereby certify that all information or documentation contained on or included with this sidewalk café permit application is true and accurate.

I hereby certify that all city fees and taxes relative to the food or beverage service establishment owed to the City of Richmond have been paid at the time of application.

I understand that any misrepresentation or falsification of the information or documentation contained on or included with this permit application may result in revocation of the permit and that such revocation shall not be appealable.

Operator's Signature	Date	Owner's Signature	Date
_____	_____	_____	_____

BUREAU OF PERMITS AND INSPECTIONS USE ONLY

Zoning District: _____

Initial Application Submittals:

- Scaled/dimensioned layout plan
- Site conditions/features-10 ft. radius
- Number of existing water closets/lavatories
- Outdoor seating capacity
- Photographs/graphic representations furniture
- Photographs-sidewalk café site/10 ft. radius
- Proof of indemnification/insurance

Permit Application Fee / Outdoor Seating / Certificate of Occupancy

Sidewalk Café permit application: $150

Sidewalk Café permit: Total outdoor seating allowed: _____

Current Certificate of Occupancy Permit Number: _____

Initial Sidewalk Café Permit Application Approval

Director of Planning and Development Review	Date	Director of Public Works	Date
_____	_____	_____	_____

Date Paid: _____ Amount Paid: _____ Receipt # _____