

CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124

Visit our Web Site at www.stpaul.gov/dsi

TEMPORARY C-19 SEASONAL OUTDOOR SERVICE AREA APPLICATION

LICENSES ARE NOT TRANSFERRABLE NO FEE REQUIRED

{This application is subject to review by the public}

This application is for current On-Sale Liquor, Wine and/or Beer license holders who want to temporarily expand their currently licensed Outdoor Service (Patio) or Sidewalk Cafe service area(s) OR add a Temporary C-19 Seasonal Outdoor Service Area license.

Establishment Name:		
Establishment Address:		
Applicant/Responsible Party Name:		
Contact Name & Title:		
Contact Phone Number:	Contact Email:	
 Temporary Seasonal Outdoor Service Area Requirements (for establishments with an active annual liquor license) Attach Site Plan drawing of the compact and contiguous area in which the proposed expansion of alcohol service will take place to include table and chair placement Attach Management Agreement only if proposed alcohol service area(s) is not owned by applicant Attach Certificate of Insurance only if applicant proposes to establish new service area(s) on public property (e.g. sidewalk) or expand the service area of an active Liquor Sidewalk Café license. (No insurance submittal is required for applicants who apply to expand to privately-owned areas such as adjacent parking areas. 		
	•	de on-site consumption must develop and udes the following key requirements:
 Open for outdoor dining and/or curbs Ensure at least 6 feet of distance with Limit table service to 4 persons, or 6 in Require reservations; do not allow water Require masks or face shields to be well Establish regular disinfection routine 	h maximum on premises cap if part of one family unit alk-in customers worn be workers and strongly	acity to no more than 50 persons recommend masks for all customers
I hereby state that I have answered all of the proto the best of my knowledge and belief. I hereby loan, gift, contribution, or otherwise, other than	receding questions and that the by state further that I have rece already disclosed in the applic	VILL RESULT IN DENIAL OF APPLICATION e information contained herein is true and correct ived no money or other consideration, by way of eation which I herewith submitted. I also y officials at any and all times when the business
Applicant Signature (Required)	Title	Date