



CITY OF APALACHICOLA

SIDEWALK PERMIT APPLICATION

Fees: \$250.00 Restaurant \$200.00 Shop Paid: _____ Date: _____
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Applicant: _____ email: _____ Phone #: _____

Mailing Address: _____ Business Name: _____

Business Address: _____

Business Federal Tax ID# _____ City of Apalachicola Business License: _____

Name & Address of Adjacent Businesses: #1 _____ Ph#: _____

Type of Business: _____ Type of Ownership: (e.g Sole Proprietor, Corporation, Partnership, LLC): _____

#2 _____ Ph#: _____

Type of Business: _____ Type of Ownership: (e.g Sole Proprietor, Corporation, Partnership, LLC): _____

By signing this permit, the permittee agrees to indemnify, defend, save, and hold harmless the City of Apalachicola, its Officers, and Employees of/from and against any and all claims, liability, lawsuits, damages and cause of action which may arise out of the permit or the permittee activity on the permitted premises or adjacent thereto or invitees of the permittee.

The permittee agrees to **meet and maintain for the entire permit period**, at its own expense, the following:

1. Commercial General Liability Insurance in the amount of \$1,000,000.00 per occurrence for Bodily Injury and Property Damage. The City of Apalachicola must be name as additional Insured on this policy and a Certificate of Insurance containing an endorsement must be issued as part of the policy. (attach)
2. For commercial operations permitted which serve alcoholic beverages an Alcohol-License Liability Insurance in the amount of \$1,000,000.00 per occurrence for Bodily Injury and property Damage. The City of Apalachicola must be named as additional Insured on this policy and a Certificate of Insurance containing an endorsement must be issued as part of the policy. (attach if applicable)
3. Workers' Compensation and Employers' Liability as required by the State of Florida. (attach)
4. All policies must be issued by companies authorized to do business in the state and rated B1 + V1 or better per Best Key Rating Guide, latest edition.
5. The City of Apalachicola must receive 30 calendar days written notice prior to any cancellations, non-renewal or material change in the coverage provided.
6. Submit drawings and photos of the sidewalk area with application.

By signing this Application, I agree that I have read and agree with the entire "Sidewalk Ordinance".

_____ Date: _____
Business Owner

_____ Date: _____
Building Owner

_____ Date: _____
Adjacent Property Owner

_____ Date: _____
Adjacent Property Owner

_____ Date: _____
Code Enforcement Officer Approval

_____ Date: _____
City Planner