



CITY OF ARCADIA OUTDOOR DINING ON PUBLIC PROPERTY

PLEASE COMPLETE THE FOLLOWING INFORMATION (REQUIRED):

SITE ADDRESS _____

APPLICANT(S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

TELEPHONE NO. _____

PROPERTY OWNER(S) NAME: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

TELEPHONE NO. _____

TYPE:

- SIDEWALK DINING – 12 SEATS OR FEWER
- SIDEWALK DINING - MORE THAN 12 SEATS (TEMPORARY)

THE APPLICANT AND PROPERTY OWNER HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION SUBMITTED FOR THIS APPLICATION IS TRUE AND CORRECT.

BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO ABIDE BY ALL APPLICABLE REGULATIONS AND REQUIREMENTS LISTED UNDER ARCADIA'S DEVELOPMENT CODE SECTION 9104.02.230 – OUTDOOR DINING USES ON PUBLIC PROPERTY.

_____ **APPLICANT'S SIGNATURE** _____ **DATE**

_____ **PROPERTY OWNER'S SIGNATURE** _____ **DATE**

ACTION TAKEN

APPROVED

CONDITIONALLY APPROVED

DENIED

CONDITIONS/REASONS FOR DENIAL: _____

BY: _____ **DATE:** _____ **EXPIRATION:** _____

THERE IS A TEN (10) DAY APPEAL PERIOD FOR THIS APPLICATION. APPEALS MUST BE SUBMITTED IN WRITING TO THE COMMUNITY DEVELOPMENT DIVISION WITH A \$600.00 APPEAL FEE BY _____ P.M. ON _____.

DATE FILED _____ **RECEIPT NO.** _____ **PAID** _____ **RECEIVED BY** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

The Development Services Director or designee shall approve the permit, based on the following criteria. Please explain how your request meets these criteria.

1. . The proposed outdoor dining activity meets the standards of this subsection.

2. The proposed outdoor dining activity does not interfere with the use of the public right-of-way by adjoining property owners and tenants.

3. The proposed outdoor dining activity is complementary to and not inconsistent with the underlying dedication for public right-of-way and is not inconsistent with the City's title or estate in the underlying public walkway.

4. The proposed outdoor dining activity does not impede travel on the public walkway or create safety and health hazards.

5. The proposed outdoor dining activity meets the required findings, if any, of other permits required by the Development Code.

FILING REQUIREMENTS

In order for this application to be processed without delay, the application must include all of the following items. To ensure that your application package is complete, please check-off the boxes next to the required application materials.

- Completed application form
- Filing Fee - \$231 (***The fee will be waived if this application is filed after June 4, 2020***)
 - A site plan (11" x 17" maximum size) that shows the following:
 - Location of the seating area and dimensions (length and width).
 - Number of tables, and number of chairs per table. The outdoor seating arrangements and physical distancing shall comply with the County of Los Angeles Department of Public Health Order – refer to the **Appendix I, Protocols for Restaurants Opening for On-Site Dining (attached)**.
 - Delineate the American with Disabilities Act (ADA) path of travel and maintain ADA accessibility at all times.
- A copy of Alcoholic Beverage Control (ABC) temporary license if alcohol will be served outside of the restaurant area.

Note to the Applicant:

A copy of all the insurances (on the next page) shall be required for the Encroachment Agreement. An encroachment permit is required by Engineering Services upon approval of a Sidewalk Dining Permit from Planning Services.

CITY OF ARCADIA
DEVELOPMENT SERVICES DEPARTMENT / ENGINEERING DIVISION
INSURANCE REQUIREMENTS

General Liability Insurance - \$1,000,000
Automobile Liability Insurance - \$1,000,000
Workers Compensation Insurance - \$1,000,000
Professional Liability Insurance - \$1,000,000 (if applicable)

1. Contractor/consultant must include a Certificate of Insurance with an Additional Insured Endorsement Page for General and Automobile Liability Insurances. If Auto Insurance does not apply, then a letter stating the reason for non-compliance is mandatory. Also, if contractor/consultant is exempt from Workers Compensation Insurance, a letter of exemption is also necessary.
2. Certificates of Insurance must include the complete legal name of the insurance company, i.e., Lexington National Insurance Company NOT Lexington Insurance Company.
3. The insurance company is required to have an AM Best Rating and admitted or approved to do business in the State of California. If the company does not have an acceptable rating (not less than A:VII), it then becomes the decision of the Department Head and City Manager to accept the insurance with an explanation.
4. The policy number **MUST** appear in the "Policy Number" section on the Certificate of Insurance along with the effective date. "TBD" (To Be Determined) is unacceptable. The policy number must also appear on the Additional Insured Endorsement Page.
5. The City of Arcadia must be listed as the "Certificate Holder" on the Certificate of Insurance.
6. The following language **MUST** appear verbatim on both Additional Insured Endorsement Pages:

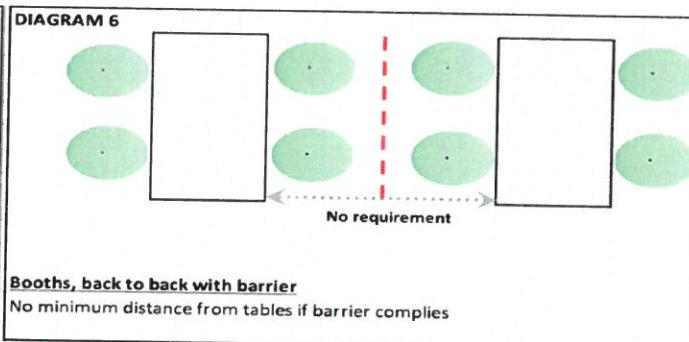
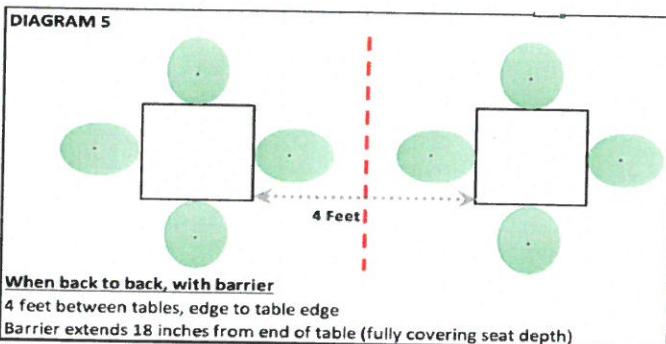
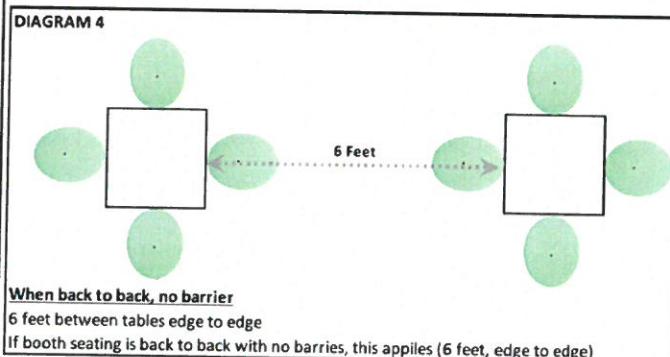
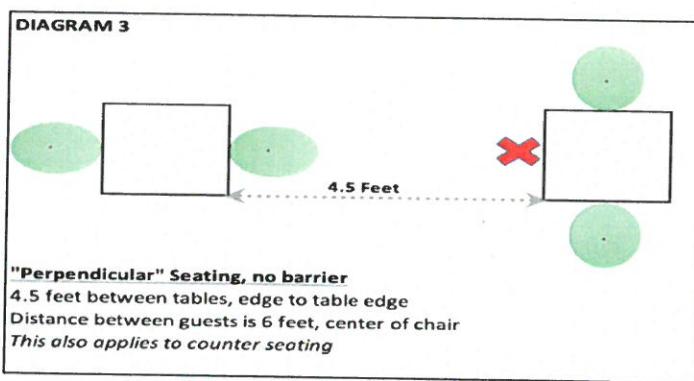
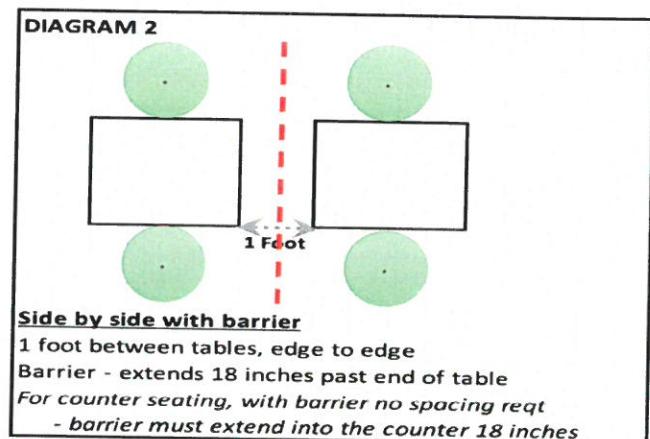
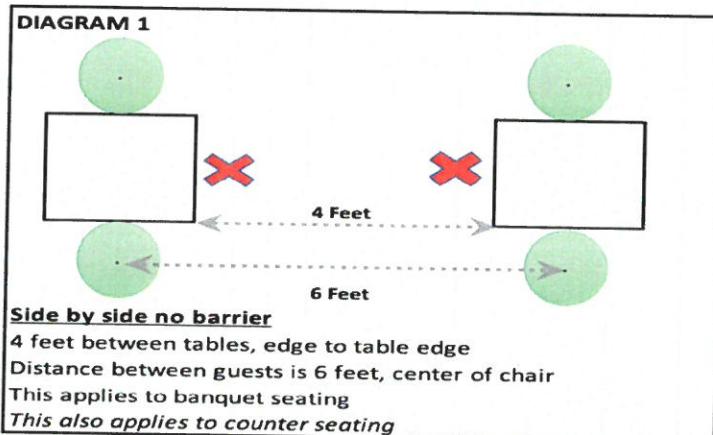
"The City of Arcadia, its officials, officers, employees, and agents shall be covered as Additional Insureds."
7. A renewed Additional Insured Endorsement Page must accompany every renewed Certificate of Insurance.
8. A Waiver of Subrogation of Workers Compensation rights against **the City, its officials, officers, employees, and agents** is also required.

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER

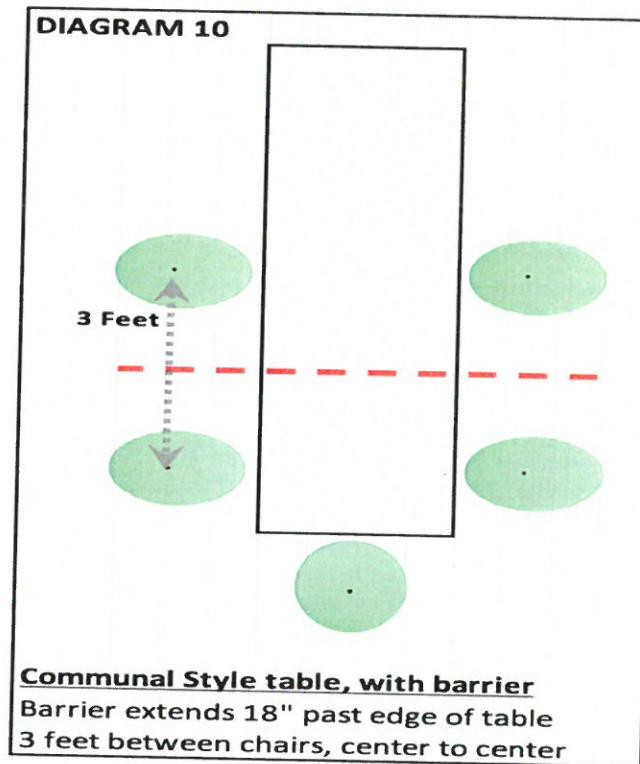
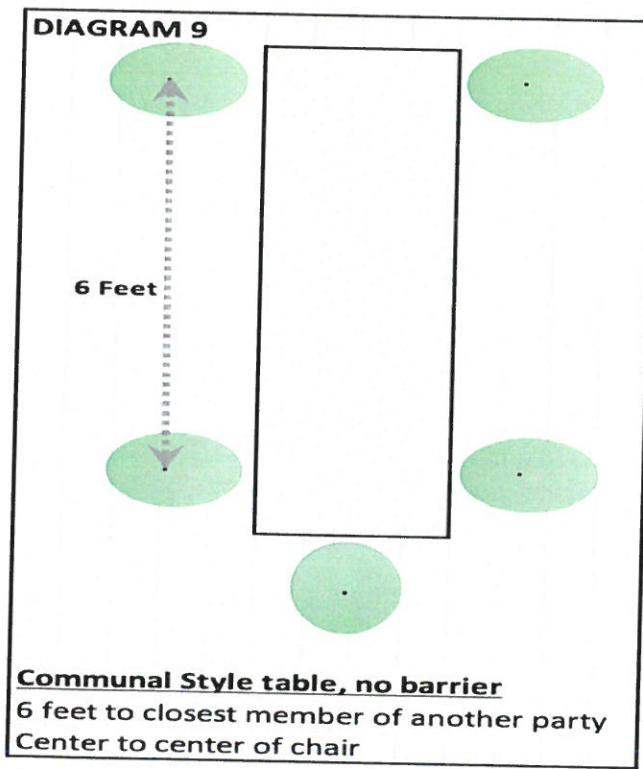
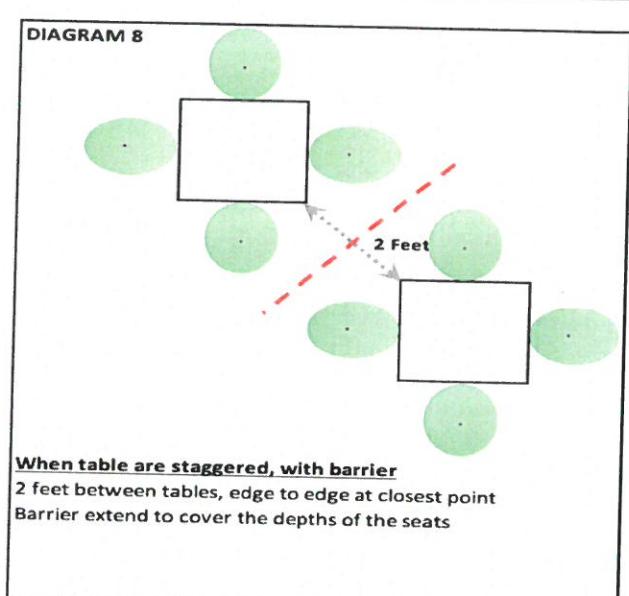
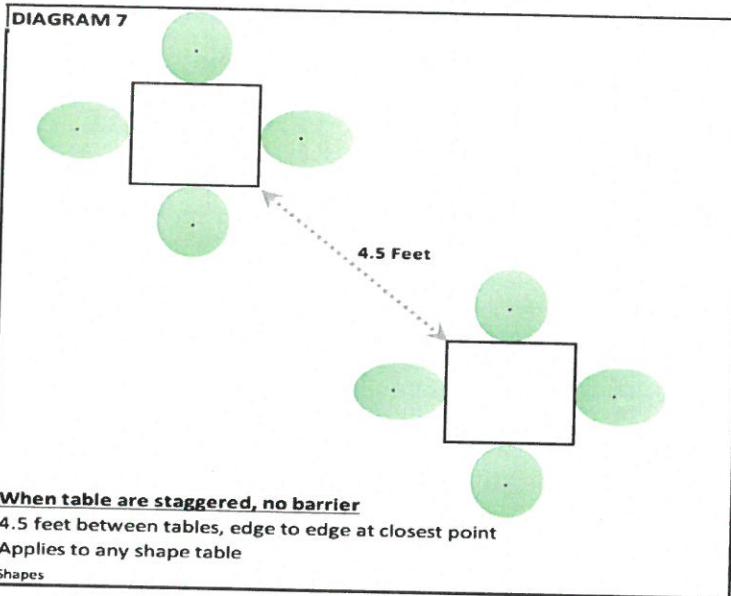


Examples of approved seating arrangements within the allowable occupancy
(Each square is 6"x 6")

Barriers must be made of impermeable, cleanable, and durable materials that can be frequently cleaned and sanitized. Barriers must provide at least six-foot high barrier and must be installed per fire and building codes so as to not interfere with the ventilation or fire protection systems. Barriers must provide 30 inches above the table and other dimensions noted in diagrams.



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
ORDER OF THE HEALTH OFFICER



DIAGRAM 11

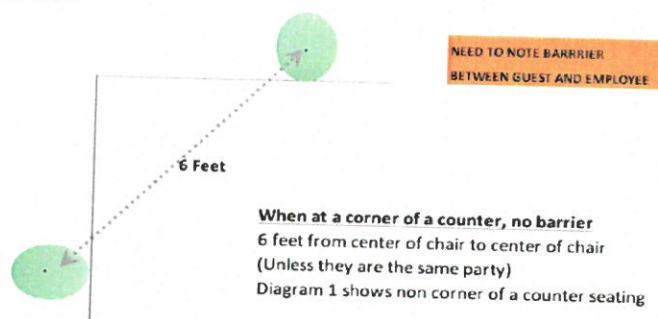


DIAGRAM 12

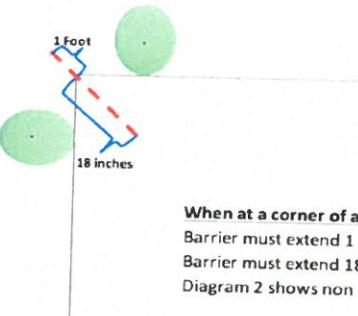


DIAGRAM 13

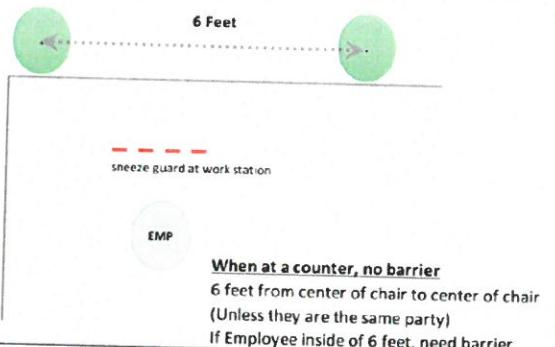


DIAGRAM 14

