



Town of Leesburg

Department of Public Works & Capital Projects
25 West Market Street • Leesburg, VA 20176
703-771-2790 • FAX: 703-737-7065

Permit # _____

SIDEWALK DINING PERMIT APPLICATION IN THE OLD AND HISTORIC DISTRICT

A properly executed **Permit Application along with copies of the proprietor's Certificate of Insurance and Alcoholic Beverage Control license, if applicable, and a \$100.00 application fee** must be submitted before a permit can be issued. Upon receipt of a complete application and required attachments, the initial review typically takes ten (10) business days to complete.

CHECK ONE:

- RENEWAL WITHOUT CHANGES
- RENEWAL WITH CHANGES
- NEW REQUEST

CHECK ONE:

- ALCOHOLIC BEVERAGES TO BE SERVED IN SIDEWALK DINING AREA (attach ABC authorization)
- NO ALCOHOLIC BEVERAGES TO BE SERVED IN SIDEWALK DINING AREA

Applicant (Name of person): _____

Property Address: _____

Name of Business: _____

On-Site Contact Name(s): _____

On-Site Phone Number: _____

Total Number of Proposed Outdoor Seats/Tables: _____ Number of Seats/Tables Approved: _____

Total Square Footage of Outdoor Dining Area: _____

By signing this application below, I hereby certify that I am either the owner of record of the named property, or the owner of record authorizes this application. I, my heirs, successors and assigns agree to indemnify and hold harmless the Town of Leesburg and all town employees, agents, and officers from responsibility, damage or liability on account of injury or damage to persons or property growing out of or directly related to the use of Town sidewalks. I agree to conform to all applicable federal, state and local laws of this jurisdiction. I authorize a Town official to enter all areas of the right of way covered by my issued permit, at a reasonable hour, to inspect and enforce the code provisions applicable to this issued permit. **I understand this permit is authorization for use of the public sidewalk for dining purposes only, and the issuance of this permit does not confer or convey any property rights to my business or me. The Town of Leesburg reserves the right to revoke this permit, at any time, with or without cause at the discretion of the Town Manager or his designee.**

Print Name of Applicant

Signature

Print Name of Property Owner, if different than Applicant

Signature

City and State

Zip Code

E-mail Address

Date

Signed/Dated in Leesburg, Virginia by: _____, _____
DPW/CP Representative Date

Signed/Dated in Leesburg, Virginia by: _____, _____
Preservation Planner Date

November 30,
Expires (fill in year)