

Department Of Public Safety
Division Of Building Inspection

Physical Address:
101 East Vine Street
2nd Floor
Lexington, KY 40507

OUTDOOR SEATING APPLICATION

Location:				Zone:	
Owner:				Phone:	
Owner's Address:					
City:			State:		Zip:
Responsible Person:				Phone:	
Responsible Person's Address:					
City:			State:		Zip:
# of Tables:		# of Chairs		# of Umbrellas:	
Outdoor Live Entertainment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Posted Occupancy Load? Yes <input type="checkbox"/> No <input type="checkbox"/>	Permit Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate Of Occupancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Letter of Permission from owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Site Plan?</p> <p>Health Department Approval?</p> <p>Fire Approval?</p> <p>ABC License & Approval?</p> </div> <div style="width: 50%;"> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p> </div> </div>					
<p>CONDITIONS OF PERMIT</p> <ul style="list-style-type: none"> Must comply with all conditions of LFUCG Smoking Ordinance #171-2003. 					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">The undersigned hereby certifies they are the owner or the owners' agent of the above property. All information is true and accurate to the best of my knowledge.</div> <div style="width: 40%;"></div> </div>					
Applicant's Signature:			Date:		