

SIDEWALK CAFÉ or SIDEWALK SALE APPLICATION



4512 46 Street
Olds AB T4H 1R5
Main: 403.556.6981
Fax: 403.507.4856
Email: planning@olds.ca

Business Name _____ Contact Name _____

Business Location (civic address of proposed Sidewalk Café or Sidewalk Sale) _____

Mailing Address _____

Town / City _____ Prov. _____ Postal Code _____

Email _____ Phone _____

Description of proposed Sidewalk Café or Sidewalk Sale:

Type 1 <input type="checkbox"/>	Type 2 <input type="checkbox"/>
<input type="checkbox"/> Minor	<input type="checkbox"/> Minor
<input type="checkbox"/> Major	<input type="checkbox"/> Major
Design _____	Design _____

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Site Plan Attached
Proof of Liability Insurance Attached
Owner Authorization Attached

Other Provincial Requirements
(if applicable) | <input type="checkbox"/> (Site plan must show area and measurements, fixtures/furniture, fencing, etc)
<input type="checkbox"/> (minimum \$2M naming Town of Olds as Additional Named Insured)
<input type="checkbox"/> (Authorization required from owner of property that Sidewalk Café or Sidewalk Sale is located in front of)

<input type="checkbox"/> Food Handling Permit from Alberta Health Services
<input type="checkbox"/> Liquor License from Alberta Gaming and Liquor Commission |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

APPLICANT DECLARATION

I certify that the information I have provided is true and accurate, and I agree to abide by all and any Bylaws of the Town of Olds.

Name of Applicant (please print)

Signature of Applicant

Date

The personal information requested on this form is being collected for the purpose of processing your application and is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act (FOIP). By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Olds FOIP Coordinator at (403) 556-6981.

OFFICE USE ONLY

Paid Permit Fee \$ _____

Receipt # _____

Date _____



Owner Authorization to Allow Sidewalk Café or Sidewalk Sale

As owner and/or manager of property located at _____
civic address

I give permission for :

_____, owner/operator for _____
Name of business owner name of business

to operate a Sidewalk Café or Sidewalk Sale in front of my property for the time period of
_____.

Print name of property owner or manager

Signature of property owner or manager

Date

If signing on behalf of a property owner or business owner, paperwork must be included showing the persons authorization to sign on behalf of the property owner or business owner.