



# City of Westfield, Massachusetts

## Health Department

59 Court St, Westfield, MA 01085

Phone: (413) 572-6210 Fax: (413) 572-6279



**Public Health**  
Prevent. Promote. Protect.

Westfield Health Department

## Outdoor Dining Application

Permit periods run from April 1st - October 31st.

Name of Establishment: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Provide a copy of commercial insurance coverage (Section 9-501B from ordinance)
2. Provide a drawing indicating location of fences, tables, planters, etc. include details to ensure 4 feet of unimpeded pedestrian passage at all times.

### Other Conditions:

- A. Area must be enclosed by a fence, rope, or other means to prevent access from the public ways.
- B. Minimum of four (4) feet of free, unimpeded pedestrian passageway on the sidewalk.
- C. All Appurtenances shall be removed from November 2<sup>nd</sup> through March 30<sup>th</sup>, or upon twenty four (24) hours' notice by the City.
- D. Outdoor dining area must be maintained in good order in a neat and sanitary manner.
- E. Approval of an outdoor dining permit shall not be construed as an approval of any other license or an approval for the alteration or extension of premises where alcoholic beverages are served.
- F. Failure to maintain the standards required for initial permit will result in revocation of permit
- G. No smoking in outdoor dining area.

**\*\*Outdoor dining permit is required when outdoor seating will project onto City Property, such as sidewalks, parks, etc. \*\***



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### ACKNOWLEDGEMENT AND INDEMNIFICATION

I hereby state that all information provided on this application is true and accurate and I understand that any information found to be false or misleading will result in the forfeiture of the license and may result in civil or criminal penalties. I also understand that the application fee required by the City is not refundable for any reason. I also certify that to the best knowledge and belief, that I have filed all state tax returns and paid all state and local taxes as required under law.

I hereby indemnify and hold harmless the City of Westfield and its officers, agents and employees from and against all suits, actions or claims, civil or criminal, of any character brought because of any injury or damage received or sustained by any person, persons or property arising out of, or resulting from the existence of any obstruction, or arising out of, or resulting from any asserted negligent or intentional act, error or omission of the Licensee or its agents, servants or employees, occurring in the performance of this Agreement. This indemnification hereby required shall not be limited by reason of the specifications of any particular insurance coverage under this Agreement.

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

### FOR OFFICIAL USE ONLY

APPROVED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL REQUIRMENTS: \_\_\_\_\_

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