



Borough of Phoenixville  
 351 Bridge Street  
 Phoenixville, PA 19460  
 Phone (610) 933-8801  
[www.phoenixville.org](http://www.phoenixville.org)

Permit #:	_____
Application Fee:	\$0
	\$0
TOTAL:	\$0

## Temporary Open Air Setup Permit Application

**Property Information:** (Please Print) Property

Address: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Business Information:**

Company Name: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Liability Insurance: The Borough of Phoenixville's insurance provider requires all individuals and entities using Borough public sidewalks to have liability insurance, naming the Borough as a Certificate Holder.

General Liability Aggregate Limit: Each \$2,000,000  
 Occurrence: \$1,000,000  
 Fire Legal Liability: \$300,000

Name of Insurance Provider: Address: \_\_\_\_\_  
 \_\_\_\_\_

Agent Name and Phone #: Policy #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Required Document - Insurance Certificate with "Borough of Phoenixville 351 Bridge St. Phoenixville, PA 19460" as certificate holder.**

**Ordinance 2180, that enables Borough Staff to deny any permit application if the owner of said property, on that or any other property owned in the Commonwealth, (1) has Tax and/or Municipal Services delinquencies on account of the actions of the Owner; or (2) has a Serious Violation with having no corrective, Substantial Steps in place. A printed copy of this ordinance is available upon request at the Borough Code Enforcement Department.**

*I hereby agree to conform to the regulations set fourth by the Commonwealth of Pennsylvania and Center for Diseases Control as it relates to social distancing and outdoor dining protocol . Failure to comply will result in the revocation of my temporary open air setup permit.*

*I hereby certify that the proposed setup is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and we agree to conform to all applicable laws of this jurisdiction. I have examined this application, its requirements and to my knowledge and belief, is a true, correct and complete application.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed application and insurance certificate to [manager@phoenixville.org](mailto:manager@phoenixville.org) OFFICE USE ONLY**

Ordinance 2180 Clearance: \_\_\_\_\_ Date: \_\_\_\_\_

Borough Staff: \_\_\_\_\_ Date: \_\_\_\_\_