



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

Permit #:	_____
Application Fee:	\$25.00
Permit Fee:	\$0.00
TOTAL:	\$25.00

Sidewalk Cafe/Open Air Setup Permit Application

Please Select All that Apply: Sidewalk Cafe Permit Open-Air Set Up Permit

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: \$2,000,000
 Each 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

OFFICE USE ONLY

Ordinance 2180 Clearance: _____ Date: _____
 Borough Staff: _____ Date: _____