

REOPENING RESTAURANTS

RESTAURANT RECOVERY OUTDOOR SEATING PILOT PROGRAM

APPLICATION CHECKLIST:

When applying for this Special Event Permit, please submit the following:

- Application
- Business Tax Receipt (BTR)
- Certificate of Liability Insurance (COLI)
- Site Plan (to scale)

SIDEWALK CAFÉ PLANS CHECKLIST

- Plans must show proposed layout and dimensions of the proposed seating area(s); proposed location, size, and number of tables, chairs, and umbrellas
- Delineate area to be occupied in the street/sidewalk area
- Minimum 6 feet separation from back of chair to back of chair
- Plans must show the total seating capacity originally permitted, and the total proposed seating capacity, inclusive of the expanded area. The proposed seating cannot exceed the establishment's existing total seating capacity.
- Name and Address of Restaurant
- Meet all ADA requirements
- If expansion is proposed on privately-owned adjacent property, the adjacent property owner must be a co-applicant on the permit.
- The only furniture allowed is tables, chairs and umbrellas (no fans)
- Umbrellas shall be inherently flame retardant
- Umbrella Dimensions: 10' diameter or 10' x 10' max
- Umbrellas must be free-standing and shall not be bolted or otherwise permanently attached to the pavement

Minimum Weight of Ballast required for anchorage of Umbrellas at exterior dining areas

Diameter-width→ Pole condition ↓	10ft umbrella	9ft umbrella	8ft umbrella	7ft umbrella
Centered on pole	450 lbs	365 lbs	288 lbs	221 lbs
Cantilevered	2,267 lbs	1,715 lbs	1,259 lbs	890 lbs

Notes:

- Umbrella/canopy shall be removed/closed in the event of expected winds equal or greater than 35 mph.
- These minimum weights are for standard umbrellas. For other sizes or configuration, you may be required to provide wind load calculations.



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APPLICATION PROCESS:

The complete application can be submitted through the Citizen Self Service (CSS) Portal (www.MBSelfservice.com). If you don't have an active CSS Account, you may register for it.

No fee(s) shall be required to operate expanded outdoor seating areas pursuant to the Program.

- **Step 1.** Under Permits Icon, click "Apply for Permits Online"
- **Step 2.** On the left-hand side, click "Show Categories"
- **Step 3.** Under Categories, click "Public Works (34)"
- **Step 4.** Scroll down until "Special Event" and click Apply

If you have any questions, please feel free to contact Otniel Rodriguez at 305.673.7080 or via email: otnielrodriguez@miamibeachfl.gov or Karen Barrios at 305.673.7080 or via email: karenbarrios@miamibeachfl.gov.

REOPENING RESTAURANTS

SIDEWALK/OUTDOOR CAFÉ EXPANSION SPECIAL EVENT PERMIT

Name of Restaurant: _____

Address: _____

Restaurant's Business Tax Receipt (BTR): _____

of Chairs Approved as listed on BTR: _____

of Chairs Approved pursuant to a Sidewalk Café Permit (if applicable): _____

Proposed # Chairs Inside: _____

Proposed # Chairs Outside: _____

Applicant acknowledges and agrees to comply with all applicable laws in connection with the activities that may be authorized under any Sidewalk Café Expansion Special Event Permit, including, without limitation, the requirements of City Resolution No. 2020-31276 all social distancing and sanitation requirements set forth in any Miami-Dade County Emergency Order (including Emergency Order 23-20, as amended), or City Emergency Order.

Applicant

Date

Application is hereby made for the sidewalk café special event permit/restaurant described herein, pursuant to City Commission Resolution No. 2020-31276 approving the Restaurant Recovery Outdoor Seating Program ("Temporary Expansion Program"). I have reviewed this application and all information herein is true and correct. I understand that this is an application only and submission thereof does not authorize me to begin operation within the proposed expanded area for a sidewalk cafe. I may begin operation only after the Sidewalk Café Expansion Special Event Permit ("Permit") has been issued. Any Permit issued for the Temporary Expansion Program shall be separate from, and shall not otherwise alter or amend the terms of, any existing sidewalk café permits issued pursuant to Chapter 82, Article IV, Division 5 of the City Code (the "Sidewalk Café Ordinance").

I acknowledge that I have received a copy of the City's sidewalk café ordinance and Resolution 2020-31276, and further acknowledge that I am familiar with, and shall strictly adhere to, the social distancing and sanitation requirements set forth in Miami-Dade County Emergency Orders (including Miami-Dade County Emergency Order 23-20) and City Emergency Orders.

Pursuant to the City's Special Event Permit Ordinance, as codified in Chapter 12-5 of the City Code, and Resolution 2020-31276 creating the Temporary Expansion Program, the City reserves the right to change, modify, or revoke the Permit at any time. The City's approval of a Permit, as conditioned herein, does not, in

REOPENING RESTAURANTS

any way, grant or otherwise imply, vested rights by the Permittee, or any third party claiming by and/or through the Permittee, to any part of the City of Miami Beach's rights-of-way. The Permittee acknowledges that any amendments to the Temporary Expansion Program, as may be approved by the City Commission, may alter the initial rights granted to the Permittee pursuant to the Permit and may require changes to said Permit including, but not limited to, reconfiguration of Permittee's permit area and/or sidewalk café site plan.

Additionally, as partial consideration for the City's approval of Permit pursuant to the Temporary Expansion Program, the Permittee further agrees to hold the City of Miami Beach, and all of its officers, agents, and employees harmless from any claim, loss, damage, costs, charge, or expense arising out of any act, error, omission, or negligent act by the City, its agents, or employees, as a result of any changes and/or additions to a Sidewalk Café Permit during the Permit Year. The Permittee agrees to indemnify, defend, save and hold harmless the City, its officers and employees from any and all claims, liability, lawsuits, damages and causes of action which may arise out of the permit or the Permittee's activity on the public right-of-way. The Permittee hereby further waives and relinquishes any legal rights and monetary claims which it might have for compensation or damages of any sort, including special damages, severance damages, legal costs, or loss of business profits resulting from any changes and/or additions to Permittee's Sidewalk Café Permit.

signature of affiant

business name

business address

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
_____ who ☐ is personally known to me or ☐ produced a
_____ as identification.

notary public signature

notary public print name

CITY OF MIAMI BEACH
CERTIFICATE OF USE, ANNUAL FIRE FEE, AND BUSINESS TAX RECEIPT

1700 Convention Center Drive
Miami Beach, Florida 33139-1819

TRADE NAME: [REDACTED]
DBA: [REDACTED]

IN CARE OF: [REDACTED]
ADDRESS: [REDACTED]

LICENSE NUMBER: [REDACTED]
Beginning: [REDACTED]

Expires: [REDACTED]
Parcel No: [REDACTED]

A penalty is imposed for failure to keep this Business Tax Receipt exhibited conspicuously at your place of business.

A Business Tax Receipt issued under this article does not waive or supersede other City laws, does not constitute City approval of a particular business activity and does not excuse the licensee from all other laws applicable to the licensee's business.

This Receipt may be transferred:

A. Within 30 days of a bonafide sale, otherwise a complete annual payment is due.

B. To another location within the City if proper approvals and the

Additional Information

Entertainment interior only, No dancing.

Storage Locations

TRADE ADDRESS: [REDACTED]

Code 95016400 [REDACTED]	Business Type RESTAURANT / BARS [REDACTED]
[REDACTED] Restaurants/Bars	[REDACTED] Chairs

SAMPLE

FROM: CITY OF MIAMI BEACH
1700 CONVENTION CENTER DRIVE
MIAMI BEACH, FL 33139-1819

PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
MIAMI BEACH, FL
PERMIT No 1525

YANKEE DEVELOPMENT CORP.

700 Ocean Dr
MIAMI BEACH, FL 33139-6220



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED]	CONTACT NAME: [REDACTED]	FAX (A/C, No): [REDACTED]
	PHONE (A/C, No, Ext): [REDACTED]	
INSURED [REDACTED]	E-MAIL ADDRESS: [REDACTED]	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : [REDACTED]	NAIC #
	INSURER B : [REDACTED]	
	INSURER C : [REDACTED]	
	INSURER D : [REDACTED]	
	INSURER E : [REDACTED]	
	INSURER F : [REDACTED]	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

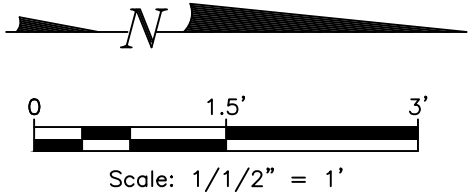
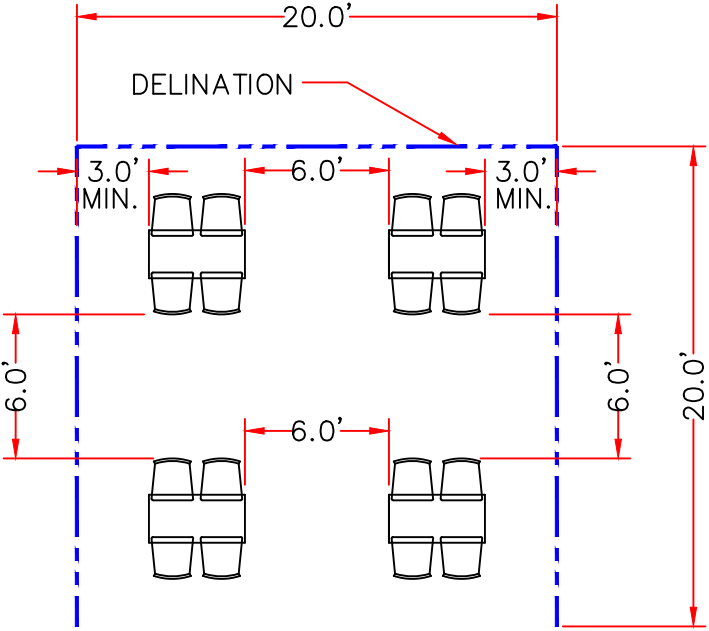
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000.00
	<input type="checkbox"/>						PERSONAL & ADV INJURY \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000.00
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000.00
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
C	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 100,000.00
	ANY PROPRIETOR/PARTNER/SELF-EMPLOYED OFFICER/MEMBER EXCLUDED (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y			05/13/2017	05/13/2018	E.L. DISEASE - EA EMPLOYEE \$ 500,000.00
							E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability				04/27/2017	04/27/2018	1,000,000 Aggregate Limit per year

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Miami Beach is named as additionally insured with regards to the following restaurant:
Restaurant Name: (DBA Name)
Restaurant Address:

CERTIFICATE HOLDER	CANCELLATION
City of Miami Beach 1700 Convention Center Drive Miami Beach, FL 33139	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

AREAS	SQ. FT.	TABLES	CHAIRS
INTERIOR			
EXTERIOR	400	4	16
SWC (if applicable)			
TOTAL			



Minimum Weight of Ballast required for anchorage of Umbrellas at exterior dining areas								
Diameter-width→ Pole condition↓	10ft umbrella		9ft umbrella		8ft umbrella		7ft umbrella	
Centered on pole	450	lbs	365	lbs	288	lbs	221	lbs
Cantilevered	2,267	lbs	1,715	lbs	1,259	lbs	890	lbs
Notes:								
<i>-Umbrella/canopy shall be removed/closed in the event of expected winds equal or greater than 35 mph.</i>								
<i>-These minimum weights are for standard umbrellas. For other sizes or configuration, you may be required to provide wind load calculations.</i>								

BUILDING LINE

NAME OF RESTAURANT
ADDRESS
ALLOWABLE # OF
SEATS PER BTR

BUILDING LINE

