



Kathy M. Sheehan
Mayor

Office of the City Clerk
City Hall - Room 202
Albany, New York 12207
Phone (518) 434-5090 Fax (518) 434-5081

Gerald E. Campbell Jr.
City Clerk

CAFÉ LICENSE APPLICATION

INSTRUCTIONS: This application must be completed in full, either typed or printed clearly, and submitted to the City Clerk, City Hall, Room 202, by the owner or tenant of the property for which the café license is being requested.

This form must be accompanied with a site plan, drawn to scale (SEE ATTACHED SCALE PG (3) FOR ADDITIONAL FEES), which clearly indicates the proposed café in relation to existing buildings, adjoining streets and sidewalks, and must identify any other significant features of the site. A \$50.00 non-refundable processing fee due with application. A certificate of insurance naming the City of Albany, as an additional insured must be submitted prior to the issuance of a permit, Incomplete applications will not be accepted.

If you have any questions about the application process, please contact the Office of the City Clerk at (518) 434-5090.

APPLICANT

Name of Proprietor: _____

Name of Establishment: _____

Telephone Number: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Interest in Property: Owner Tenant Other

PROPERTY

Owner:

Owner's Name: _____

Location of café (sidewalk, backyard, roof): _____

Total amount of City property needed for café: Width _____ Length _____

Total square footage including City property: Width _____ Length _____

Total No. of tables now in establishment: _____ No. of café tables proposed: _____

Is the number of tables at your establishment increasing as a result of the café? _____

Will alcoholic beverages be served in the café? _____

Will there be any exterior lighting or music? _____

Proposed hours and days of operation:

Hours: _____ Days of the week: _____

Daily hours : _____

(Cafés located in a C-1 residential district cannot open before 8a.mo and cannot stay open past 11p.m.)

I, the undersigned, hereby attest to the accuracy of the information submitted herein, and in the event that this application is approved, agree to carry the required insurance for and assume all liability regarding those exterior areas which are involved in the proposed use. I also agree to abide by any and all conditions of the permit and fully understand my obligations pursuant to Chapter 303- sidewalks and café.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Status and conditions:

PLEASE INDICATE IF CAFÉ IS IN REAR OF PROPERTY

Usage Fee for Sidewalk Café:

1-100	sq /ft	\$50
101-200	sq/ft	\$150
201-300	sq/ft	\$200
301-400	sq/ft	\$250
401-500	sq/ft	\$300
501-600	sq/ft	\$350
601-700	sq/ft	\$400
701-800	sq/ft	\$450
801-900	sq/ft	\$500
901-1,000	sq/ft	\$550

Set Back

Ft.

:

STREET

PLEASE INDICATE WHERE CAFÉ TABLES ARE POSITIONED AND
SQUARE FOOTAGE OF CAFÉ