

CITY OF DALY CITY PERMIT APPLICATION: OUTDOOR DINING / COMMERCIAL ACTIVITY



DIRECTIONS / INFO TO APPLICANT: Applications should be filled out completely such that City Staff may fully evaluate your proposed outdoor activities. It is the responsibility of the applicant to familiarize themselves with the requirements and safety protocols associated with the current Shelter-In-Place Order, which can be found at the following link: <https://www.smchealth.org/health-officer-statements-and-orders>.

Additional information on the City's Outdoor Dining Program can be obtained from the Department of Economic and Community Development, or on the City's website at www.dalycity.org. Submit your completed application via email to the Department of Economic and Community Development at bphipps@dalycity.org.

Name of Applicant: _____ Date of Application: _____

Email Address: _____ Cell/Home Phone: _____

Type of Proposed Outdoor Activity (e.g., dining, retail): _____

Does your Proposed Outdoor Activity Occur on Private Property, Within Public Right-of-Way (ROW), or Both?: _____

If you Answered Public Right-of-Way (ROW) or Both Above:

Please Provide a Completed Encroachment Permit Application as a Supplement to this Outdoor Activity Permit; Encroachment Permit Applications can be found at the following link:

<http://www.dalycity.org/Assets/Departments/Public+Works/pdf/Encroachment+Permit+Application+and+General+Conditions+of+Approval+Rev+Aug+2018.pdf>

Address of Proposed Activities: _____

Hours of Operation:

Proposed Set-Up (Date / Time): _____

Proposed Operation (Date / Time): _____

Proposed Clean-Up / Take-Down (Date / Time): _____

Is Applicant a Property Owner/Manager or Commercial Tenant?: _____

If you Answered Commercial Tenant Above:

Business Name: _____

Daly City Business License Number: _____

OWNER OF PROPERTY UPON WHICH OUTDOOR ACTIVITIES WILL OCCUR

Name: _____ Cell/Home Phone: _____

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Contact Address: _____

If you Answered Property Owner/Manager Above:

WHAT BUSINESSES WILL PROVIDE OUTDOOR ACTIVITIES ON YOUR PROPERTY

Business Name(s): _____

Daly City Business License Number(s): _____

Business Owner/Manager Cell(s)/Home Phone(s): _____

*Please use Appendix "A" if more space is needed

Please check all boxes that apply and provide additional information as appropriate:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Will proposed outdoor activities utilize tents/canopies? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered "YES" to the above, how many SF of tent/canopies? _____ | | |
| 2. Will proposed outdoor activities occupy existing parking spaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered "YES" to the above, how many parking spaces? _____ | | |

Please provide a written plan summarizing your proposed outdoor activities in the space provided below. Please include information related to hours of operation, plans to maintain social distancing, and the size of space your business wishes to occupy (please use Appendix "A" if you need additional space):

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APPENDIX A: ADDITIONAL SPACE FOR APPLICATION INFORMATION

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ATTACHMENT 1: ACKNOWLEDGEMENT OF SHELTER IN PLACE ORDER