

Department of Public Service
904 Lease Application
Document Must Be Filled Out Completely

Business Name _____ Phone # _____
Business Address _____
Contact Person _____ Phone # _____
Contact E-Mail Address _____
Contact Person Address _____

Please indicate the legal name that the City should use in the Lease Agreement if approved;

(Please Print)

Proposed use of site _____

Vault/Basement under proposed Lease area? Yes / No Will alcohol be served? Yes / No

Awning(s): Yes / No? If yes how many _____. Umbrellas: Yes / No? If yes how many _____.

Maximum occupancy number within proposed Lease area _____

Outdoor seating on adjacent property? Yes / No
If yes business name(s) _____

Area Commission Contact _____ Phone # _____

OFFICE USE ONLY

Date Application Received _____. Application Completed _____
Certificate of insurance _____. Area Commission: Approved / Denied, Date _____
Lease Application: Approved / Denied Approved By _____ Date _____
Total Square Foot of Lease Area _____ SQFT
Comments: _____
