



## FOXBOROUGH BOARD OF SELECTMEN

### Temporary Outdoor Dining Application Form - 2020

Date: \_\_\_\_\_

Name of Restaurant: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Mobile Phone: \_\_\_\_\_

Description of Proposed Outdoor Seating Area (attach additional pages as necessary, include hours of operation and other relevant details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Tables: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

Anticipated Outdoor Dining Opening Date: : \_\_\_\_\_

*I hereby certify that all information provided is accurate and I will follow of of the guidelines for Temporary Outdoor Dining.*

Business Owner's Signature: \_\_\_\_\_

#### **Application Checklist**

**Tier 1 Application:** \_\_\_\_\_

**Tier 2 Application:** \_\_\_\_\_

- ☐ Completed Application Form
- ☐ Outdoor Seating Plan (see Section 3 of Temporary Outdoor Dining regulations)
- ☐ Evidence of Owner/Landlord/Adjacent Business Sign Off (if applicable)
- ☐ Explanation of how the following will be handled:
  - \* Access to restrooms (staff and public)
  - \* Pathway waitstaff will use to and from the kitchen
  - \* Take out pick up/parking
- ☐ Insurance Certificate
- ☐ Completed License Agreement (Tier 2)

**Questions? Please contact Planning Department at 508.543.1250**

**Email application packages to: [planning@foxboroughma.gov](mailto:planning@foxboroughma.gov) (or drop off at Town Hall mail slot)**