



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 (or drop off at Town Hall mail slot)