



City of Hartsville Application for Sidewalk Dining Permit

Permit #: _____

**Return application and
payment to:**

Brenda Kelley, City of Hartsville
brenda.kelley@hartsvillesc.gov
P.O. Drawer 2497
Hartsville, SC 29551

Only new permits will be prorated on a quarterly basis. No fees will be refunded.

1. Restaurant information

Restaurant name: _____

Street address: _____

** Note that the sidewalk in Centennial Park at Carolina Avenue and Fifth Street may be used for sidewalk dining

Mailing address, if different: _____

City: _____ State: _____ Zip: _____

Restaurant Owners' Names:

Retail Food License #: _____ Beer & Wine License # _____ Liquor License #: _____

Square footage of existing restaurant: _____

Occupant load of the restaurant based on the International Building Code: _____

Number of existing restroom fixtures for customers and staff: _____

(additional fixtures may be required for an increased number of patrons)

Men: Toilets: _____ Urinals _____ **Women:** Toilets: _____

2. Weekly days and hours of operation

Day(s): _____ Hours: _____ Day(s): _____ Hours: _____

Day(s): _____ Hours: _____ Day(s): _____ Hours: _____

Day(s): _____ Hours: _____ Day(s): _____ Hours: _____

3. Authorization

I, _____ certify that I am the owner/officer of the restaurant
(Print Name)

authorized to apply for this license. Submission of this application indicates the owner's desire to provide sidewalk dining on a public sidewalk in the City of Hartsville in compliance with the attached Rules and Regulations and Design Standards.

Owner/Officer: _____
(Sign Name)

Title: _____ Phone: _____

Continued on second page

4. Building information and authorization

Building Owners' Names: _____

Mailing address, if different from above: _____

City: _____ State: _____ Zip: _____

I, _____
(Print Name) certify that I am the owner/officer of the building

authorized to apply for this license. Submission of this application indicates the owner's desire to provide sidewalk dining on a public sidewalk in the City of Hartsville in compliance with the attached Rules and Regulations and Design Standards.

Owner/Officer: _____
(Sign Name)

Title: _____ Phone: _____

5. Submission Requirements

1. Completed Application for Sidewalk Dining Permit
2. Proof that the applicant holds a valid retail food establishment business license issued by the City of Hartsville
3. Proof of insurance as required in the Sidewalk or Park Dining Rules and Regulations
4. Four (4) copies of a measured drawing of the sidewalk dining area including the location of the building and its entrances, the proposed path of egress from the restaurant and the sidewalk or park dining area, the curb line, and all existing street furniture and other obstructions (trees, planting areas, poles, signs, hydrants, etc.)
5. Four (4) copies of a layout plan for the sidewalk dining area, including all tables, chairs, umbrellas, awnings, trash receptacles, barriers, and other furnishings, and demonstrating that the sidewalk dining area does not unreasonably interfere with: (a) adequate pedestrian flow; (b) access to building entrances; (c) pedestrian and traffic safety; and (d) the aesthetic quality of the surrounding area.
6. Photos and/or other graphic representation of any Sidewalk Dining Element that includes a logo or advertising
7. Must be approved by the City Architectural Review Board (Contact Planning at 843.383.3009)

6. Conditions for permit

1. A minimum 4-foot clear pedestrian path, maintained at all times between the back of the curb and the sidewalk dining area.
2. Sidewalk dining is permitted between the hours of 6 a.m. and 12 p.m. (midnight) only.
3. The sidewalk dining permit holder is responsible for the cleanliness of the sidewalk area at all times.
4. Sidewalk dining establishments are prohibited from playing amplified music or sound, whether live or recorded that is audible outside the designated sidewalk dining area.
5. The owner and/or proprietor of any restaurant operating a sidewalk dining area is responsible for taking safety precautions for the pedestrians using the sidewalk.
6. All sidewalk dining permits are deemed revocable upon thirty (30) days' notice if and when the City requires use of its public right-of-way for any purpose inconsistent with the use of the right-of-way as and for sidewalk dining.
7. If beer, wine and/or other alcoholic beverages are to be served in the sidewalk dining area the owner and/or proprietor must be validly licensed under all applicable laws for such sales. Alcoholic beverages supplied by the customer or by any person other than the licensee shall not be allowed in the sidewalk dining area. No alcoholic beverages may be stored or mixed in the sidewalk dining area.
8. Each restaurant providing sidewalk dining shall have sufficient toilet facilities for the increased number of customers made possible by the addition of sidewalk dining.
9. Permits expire Dec.31 and must be renewed annually. Permits may be revoked by the City at any time for violation of the sidewalk dining ordinance and/or the rules & regulations for operation of a sidewalk dining area.

Continued on third page

7. Fees

Please check the applicable items.

_____ \$100 for initial Sidewalk Dining Permit

_____ \$50 for an additional year of a Sidewalk Dining Permit with no changes to the original plan.

Checks must be payable to the City of Hartsville. All permits expire Dec. 31 of the year for which they are issued.

7. Signature

I certify that all the statements and information provided in this application are true and accurate, to the best of my knowledge. If approved, I understand that the Sidewalk Dining Permit is a temporary license which can be denied, suspended or revoked for any conduct which is contrary to the provisions of this section or if business is conducted in such a manner as to create a public nuisance, or to constitute a danger to the operator's or the public's health, safety or welfare. No property right is created by this permit, and any decision made by the City Manager in relation to this permit shall be final.

I understand that this application shall be returned if it is not fully completed.

Signature of Applicant Restaurant Owner: _____

Date: _____

Please return application to:

Brenda Kelley, Senior Planner, City of Hartsville, P.O. Drawer 2497, Hartsville, SC 29551. Applications may also be delivered to Brenda Kelley on the first floor of Hartsville City Hall, 100 E. Carolina Ave., by email at brenda.kelley@hartsvillesc.gov or by fax at 843.383.3040.

For any questions, please contact 843.383.3009 or brenda.kelley@hartsvillesc.gov.

Staff Use Only

Approved by: _____ Date _____ Permit #: _____