



City of Hartsville Sidewalk Dining Permit Building Owner Permission Certification

Restaurant Name:

Restaurant Physical Address

Street _____

City _____

State _____ Zip Code _____

Building Owners' Names:

1. First _____ Last _____

2. First _____ Last _____

3. First _____ Last _____

Building Owner Mailing Address

Street _____

City _____

State _____ Zip Code _____

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 Signature: _____

Owner/Officer Title: _____

Signature Date _____

Owner/Officer Phone: _____