



City of New Haven BUILDING DEPARTMENT

PERMIT & LICENSE CENTER

200 Orange Street, 5th Floor* New Haven, Connecticut 06510



Andrew J. Rizzo, Jr.
Building Official
Issuing Authority

BUSINESS LICENSE APPLICATION

To Be Filled Out Completely By Interested Person: ONCE ISSUED, A LICENSE IS NOT TRANSFERABLE, NO REFUND WILL BE ISSUED.

Date Application Submitted: _____ APPLYING AS: INDIVIDUAL MANAGER OWNER PARTNERSHIP
(Please PRINT) ALL INFORMATION MUST BE SUPPLIED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

License Is Hereby Granted To: _____
(Name under which the **Outdoor Seating** is to be operated)

Address: _____ Telephone No: () _____
(Address under which the **Outdoor Seating** is to be operated)

Total Outdoor Seats to be used: _____ Current Number of Indoor Seating Capacity: _____

Owner Name: _____
or (Last) (First) (Middle)

Owner(s) Name(s): _____

Owner(s) Address: _____
(street #) (street name) (town) (state) (zip code)

Owner(s) Telephone Number: () _____ Employer Identification No. of such entity: _____

Business Name of Outdoor Seating: _____

If applying as a partnership, corporation, or other entity: (Use back side of this application)

To the Building Department – Permit & License Center,

I (we), hereby agree to abide by all of the rules and regulations pertaining to OUTDOOR SEATING as defined by the City of New Haven Ordinances and the State of Connecticut Statutes.

Applicant Name: _____
(Last) (First) (Middle)

Applicant Address: _____
(street #) (street name) (town) (state) (zip code)

Home Phone: () _____ Sex: Male Female

Once issued, a license is not transferable, no refund will be issued, and is subject to the provisions of the Ordinances of the City of New Haven and the Statutes of the State of Connecticut applicable to the activity for which the license is requested.

By signing this application the applicant is authorizing the City to complete a background check on individuals, partners or officers of the entity to which the license is issued; and certifies that a copy of the city ordinance governing this license has been received.

Signature _____

Date Signed: _____

FOR OFFICE USE ONLY. REQUIRED APPROVALS/INSPECTIONS:	
ENGINEERING DEPT. APPROVED _____ (# OUTDOOR SEATS) <input type="checkbox"/> YES <input type="checkbox"/> NO By: _____ Date: _____	Comments, if any: _____
ZONING ADMINISTRATOR _____ <input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____	Comments, if any: _____
FIRE MARSHAL APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ DATE: _____	COMMENTS, IF ANY: _____
PUBLIC WORKS APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ DATE: _____	COMMENTS, IF ANY: _____
TRAFFIC & PARKING APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO BY: _____ DATE: _____	COMMENTS, IF ANY: _____

FOR OFFICE USE ONLY: LICENSE TYPE: OUTDOOR SEATING To Conduct the Following: Outdoor Seating

Renewal License No. _____ New License No. _____ Previous License No. _____

RECEIVED _____ CASH WAIVED CHECK _____ M/O # _____ RECEIPT # _____

APPROVAL OF ISSUING AUTHORITY _____ () Date: _____

OTHER REQUIRED DOCUMENTATION: CERTIFICATE OF INSURANCE: EXPIRATION DATE FROM _____ TO _____
 COVER LETTER BASE, SCALED MAP (ENGINEERING DEPT.)

REVIEWED BY: CORPORATION COUNSEL _____ DATE: _____ DISABILITY SERVICES _____ DATE: _____
NOTIFICATION SENT TO: ALDERPERSON _____ DATE: _____ SPECIAL SERVICES DISTRICT _____ DATE: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH MANAGER/OPERATOR OPERATING THE OUTDOOR SEATING.
(Use additional pages if necessary.)

CURRENT LICENSE NO. (IF ANY) _____ PREVIOUS LICENSE NO. (IF ANY) _____
LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
 OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR
Name: _____
or (Last) _____ (First) _____ (Middle) _____
Name(s): _____ Employer ID# _____
Home Address: _____
(street #) (street name) (town) (state) (zip code)
Home Phone: () _____ Sex: Male Female Social Security # _____
Birth Date: _____ Age: _____
Valid Photo ID# _____ **NAME OF STATE:** _____
 Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

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LICENSE TYPE(S): AMUSEMENTS AUCTIONEER BROKER MANAGING ITINERANT VENDOR
 OUTDOOR SEATING PARKING LOT/GARAGE ROOMING HOUSE SALES VENDOR
Name: _____
or (Last) _____ (First) _____ (Middle) _____
Name(s): _____ Employer ID# _____
Home Address: _____
(street #) (street name) (town) (state) (zip code)
Home Phone: () _____ Sex: Male Female Social Security # _____
Birth Date: _____ Age: _____
Valid Photo ID# _____ **NAME OF STATE:** _____
 Driver License Non-Driver License Passport Issued ID State Income Maintenance Issued ID
 Other Issued ID _____

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 Other Issued ID _____