



Outdoor Café Application

A drawing or rendering to scale showing placement of tables, chairs, barriers, planters and any other furnishings as well as indicating the required distances and min (3 ½) feet of open unobstructed area associated with public sidewalk area must be submitted with this application, along with a \$50.00 application fee made payable to Village of Monroe. Please visit www.villageofmonroe.org to view E-Code §200-38.2

Business name: _____

Exact address of where outdoor cafe will take place _____

Applicant Name: _____ Title: _____

Office Phone #: _____ Mobile Phone #: _____

E-Mail: _____

Property Owners Name: _____ Phone # _____

Yes No

Will you be serving alcohol ☐ ☐ **If yes;** Proof that the applicant has a state liquor license authorizing the applicant to serve alcoholic beverages in the applicant's sidewalk café and has liquor legal liability insurance in the amount of \$500,000 bodily injury per each occurrence and \$500,000 property damage per each occurrence or \$500,000 aggregate.

Days /Hours operation of café: _____

Note: operation of café only permitted between the hours of 8:00 am and 11:00 pm on any day

Number of Tables/Size: _____ Number of Chairs: _____

Will there be any Umbrellas: ☐ Yes ☐ No

Print name & title of applicant

Applicant's signature

Date

Village of Monroe Building Department

7 Stage Road

(845)782-8341

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Fax (845)782-3006

Hold Harmless Statement

In consideration of the issuance by the Village of Monroe of an Outdoor Café permit to _____

_____ for the purpose of conducting an Outdoor Café at _____

Herewith and hereby agrees to:

1. indemnify and hold the Village of Monroe harmless from and against any and all loss, damage, claims of injury(including death), costs and expenses that may result or arise in connection with any of the said activities and operations in the conduct of the herein defined Outdoor Café.
2. Repair or replace any village owned property damaged as a result of the operations of the Outdoor Café. All costs and expenses to be paid by the applicant.

Name of Applicant

By: _____
Signature and Title

I, _____, a Notary Public in and for the County of _____
the State of _____ aforesaid, do hereby certify that _____
_____ whose name(s) is subscribed to the foregoing
instrument, appeared before me this day in person and acknowledged that he/she is duly
authorized representative of _____, which he/she has signed,
sealed and delivered the foregoing instrument as his/her free and voluntary act, for the uses and
purposes therein set forth. Given under my hand and notarial seal this
_____ day of _____, 20_____.

(notary signature)

Applicant's Statement of Agreement:

I hereby affirm that the above information is true and correct in describing the intent of this application.

(signature of applicant)

(date)

For office use only:

☐ Approved ☐ Not Approved

By: _____ Date: _____

(building Department)

Reason for Denial: _____



Outdoor Cafe Submission checklist

- ☐ Completed signed application
- ☐ Hold Harmless Statement
- ☐ Workers compensation insurance form
- ☐ Certificate of Insurance Min \$1,000,000.00 see §200-38.2(f)(e)
- ☐ Proof of Liquor license (if applicable) see §200-38.2(f)(g)
- ☐ Completed drawing to scale of outdoor café
- ☐ Check made out to Village of Monroe Total due \$ 50.00
- ☐ Property owner consent form

Applicant Signature

Received

Village of Monroe Building Department

7 Stage Road

(845)782-8341

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Fax (845)782-3006

CONSENT OF PROPERTY OWNER(S)

DATE: _____

RE: OUTDOOR CAFÉ LOCATION: _____
SECTION _____ LOT _____ BLOCK _____

I (we) _____,

OWNERS of the above noted parcel(s) of land authorize

To submit the Outdoor Café application and upon approval operate the Outdoor Café in
accordance with § 200-38.2 of Village Law

Signed: _____
Owner

Print: _____
Owner Name

Owner Address

Owner Telephone

Signed: _____
Owner

Print: _____
Owner Name

Owner Address

Owner Telephone

WORKERS COMPENSATION

ACCEPTABLE FORMS

In order to process any permit one of the following must be submitted:

- Form: U-26.3 Certificate of workers compensation insurance.
- Form: C-105.2 Certificate of NYS workers compensation insurance coverage.
- Form: CE-200 Certificate of attestation of exemption.

Workers Comp- 1-(866)-211-0644

Disability- 1-(800)-353-3092

Web Site- www.wcb.state.ny.us

Click CE-200 & follow prompts.

All certificates must have the following as the certificate holder:

Village of Monroe

7 Stage Road

Monroe, NY 10950

Building Department

(845)782-8341

Fax (845)782-3006