City of Akron Sidewalk Café Permit Application For Renewal Permit

Applicant Infor	rmation		
Last Name:		First Name:	
Address:			1 list ivalie.
City:	_ State:	Zip Code:	Phone Number:
Business Establ	ishment Inforr	nation	
Name:			
Address:	011	7' 0 1	
City: Akron	State: Ohio	Zip Code:	Phone Number:
are modified, I we renewed or other. I will provide coany other docume. Center. I undersabide by the rule. I agree to indement assigns from all any responsibility.	vill notify the O rwise obtained a pies of liquor potent required by tand that the pe es, regulations, a nify, defend, an claims and laws by or liability for however caused	ermits, health license Akron Municipal Commits applicable. It is a supplicable and laws applicable. It is a supplicable and save harmless the suits of any kind arise and laws applicable, and from any response and laws applicable.	last year. In the event conditions at the Sidewalk Café ermits of the City of Akron in advance. I have sary to operate from other agencies. es, health applications, required insurance policy, or code 98.05, upon request of the Plans and Permits d or suspended if the permittee or his agent fails to City of Akron, its employees, agents, contractors, and sing from this permit. I further release the City from ant's (or its agents, contractors, or subcontractors) consibility for any costs occasioned by any activity
Signature of App	olicant		Date
to be made or all	ready in existing	g, require an applica	ermit supported by approved plans, whether intended tion to be submitted for New or Modified Cafés. Office at the address below.
Include a renewa	al fee of \$	with this applica	tion and mail the application to:

City of Akron Plans and Permits Center 1030 E. Tallmadge Avenue Akron, OH 44310 330-375-2010