



COVID-19 TEMPORARY OUTDOOR EXTENSION

CLK019 (rev. 04/21)

CITY ORDINANCE 10.078

Fee: \$0

Expires: November 1, 2021

OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
DISTRICT:	_____
POLICE	_____
FIRE	_____
PUBLIC WORKS	_____
CITY DEV.	_____
APPROVED:	_____
BEER/LIQUOR LICENSE	
DEMERIT POINTS: _____	
(CANNOT BE GRANTED IF	
OVER 50 DEMERIT POINTS	

I understand that if any portion of this application is incomplete, IT WILL BE DENIED _____ (initial here)

Applicant: _____
(Corporation, partnership, or individual – **Must Be Same Name As Beer/Liquor License or Brewer's Permit**)

Business Name: _____ Business Address: _____

Contact Person: _____
FIRST M.I. LAST

Phone: _____ Email: _____
(Correspondence Will Be Via Email If Address Is Given)

- Type of License(s) Held by Business: **Class "B"** **"Class B"** **"Class C"**
 State of WI Brewer's Permit *If applicant holds a Brewer's Permit issued by the DOR, State of WI, pursuant to Wis. Stats. §125.29, attach a copy. **Attached** **N/A**
- Complete "Attachment D" - Statement of Need **Attached (REQUIRED)**
- Complete "Attachment A" - List of Adjacent Businesses. **Attached** **N/A**
*** **Will the area extend in front of an adjacent business or into a shared alley?** If so, attach written permission from the adjacent business owner(s). **Attached** **N/A**
- There is a limit of 6 chairs per table, with required spacing of 6 feet between seating areas. What is the maximum number of tables and chairs proposed? _____
- Complete "Attachment B" Description of Appurtenances(furniture) AND provide dimensions and pictures of the furniture. **Attached (REQUIRED)** (If not yet purchased, print out example of what you intend to buy.)
- OPERATIONAL PLAN:** Hours: _____ Days: _____ Months: _____
Planned Capacity: _____ Lighting and Signage Plan: **Attached** **N/A**

The area must be closed from 10:00 PM to 8:00 AM, unless otherwise requested.
Request to change closing hours to 12:00 AM to 8:00 AM. **Yes** **N/A**

Will the outdoor area include **a location where a motor vehicle could otherwise lawfully be operated**, (i.e. a parking spot or alley)? **Yes** **No** **If yes, attach your plan to identify safety protocols**, including whether a physical barrier (i.e. a large concrete planter or something similar) will be installed to protect patrons from motor vehicles. **Attached** **N/A**

Do you plan to use a tent? **Yes** **No** **If yes, note that the tent can be no larger than 10x10.**
 I Understand **N/A**

If located on private property, will a fence surround the area? **Yes** **No** **If no, do you request to waive the fence requirement?** **Yes** **No**

“ATTACHMENT A”

**LIST OF ALL ADJACENT BUSINESSES
(IF AREA IS TO BE LOCATED IN THE FRONT OF THE BUSINESS)**

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Licensee Name

Applicant has applied for an Outdoor Cafe Area of their Retail Class “B” Beer, “Class B” Liquor, and/or “Class C” Wine Licenses or Brewers Permit in accordance with §10.078 of the Code of General Ordinances. Please find below a list of names, addresses, and phone numbers of all adjacent businesses to the boundaries of the COVID-19 Temporary Outdoor Extension.

***** Will the area extend in front of an adjacent business or into a shared alley? If so, attach written permission from the adjacent business owner(s).**

Individual/Partner/Member Signature

Date

Partner/Member Signature

Date

“ATTACHMENT C”

**INDEMNITY AND HOLD HARMLESS AGREEMENT
(IF AREA IS ON PUBLIC RIGHT-OF-WAY, CITY STREET, CITY PROPERTY OR MAJOR STREET SETBACK
AREA)**

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Licensee Name

Applicant, in consideration of having the City of Kenosha, Wisconsin grant this application, herein and hereby agrees to indemnify and hold harmless the City of Kenosha, Wisconsin and its officers, employees and agents against any and all losses, claims, damages, costs, expenses, judgments, awards, attorney fees, or settlements which they may incur as a result of use of the public right-of-way, city street, city property or Major Street Setback Area for the COVID-19 Temporary Outdoor Extension which is the subject of this agreement.

Individual/Partner/Member Signature

Date

Partner/Member Signature

Date

“ATTACHMENT D”

COVID-19 STATEMENT OF NEED

Licensee Name

I, _____, do hereby acknowledge and affirm that:
(Individual/Partner/Member)

(Initial)

A COVID-19 Temporary Extension granted pursuant to this application is temporary and shall expire on November 1, 2021, unless terminated earlier upon request of the Licensee or by revocation by the City of Kenosha. Furthermore, the Temporary Extension and authorization to serve and permit consumption of alcohol with in the site location shall be effective only for the period during which the COVID-19 Temporary Extension is valid and upon termination the licensed premises shall automatically revert to the area identified and approved in the license application on file with the City Clerk.

(Initial)

A COVID-19 Temporary Extension is needed to protect, preserve and promote the general health, safety and welfare of the public and slow the spread of COVID-19. That (business name) will practice recommended social distancing guidelines including:

- Encouraging 6 foot social distancing between all guests.
- Arrange tables and chairs so that a minimum of 6 feet is maintained between seated guests who are not seated in the same party.
- Limit each table to six adult guests per table.

Dated this _____ day of _____, 2021.

Signature of Individual/Partner/Member