

## City of Newport Street Cafe Application

OWNER:	<del></del>
D/B/A:	
Business Location:	
Owner Mailing Address: _	
Home Phone:	Business Phone:
Number of tables?	Number of seats?
Do you have a license to se	erve alcoholic beverages? yes no
(* If yes, you must apply to	o expand your liquor license to serve in the café area)
The following are require	ed with the application:
• Certificate of Insura	ance
Hold Harmless letter	er
• Diagram including	linear feet, seating and location of barriers etc.
Signature of Owner/Oper	rator: Date:
DO NO	T WRITE BELOW THIS LINE-OFFICE USE ONLY
	:: Linear Feet
Date Paid:	Date:
License Issued:	Issued by: