



P.O. Box 429
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Board of Selectmen

Application

Restaurant Dining – Temporary Public Way/Public Property License

Restaurant Name: _____

Applicant: _____

Applicant Phone Number: _____

Applicant E-mail address: _____

Premises Address: _____

Expiration Date: _____

Intended Use:

Dining: Outdoor food services without Alcohol

Dining: Outdoor food services with Alcohol

Does you plan require the use of a public sidewalk(s)

Yes

No

Does you plan require the use of a public parking space(s)

Yes, Plans require use of _____ spaces

No

Planned days and hours of operation: _____

Daily maintenance and cleaning plan:

Plan for securing fixtures during evening and closed hours:

Required Attachments:

- Plan: Provide a neatly drawn schematic plan depicting the precise area of the proposed outdoor dining, the arrangement of outdoor furniture, perimeter fencing, café umbrellas, outdoor heaters, and any other equipment. Areas designated for picking up take-out food shall also be shown on the plan. Tables and chairs shall be separated by at least six feet to provide for social distancing. Take-out food pick-up shall also be a minimum of six feet from patron seating areas.
- Insurance: The Applicant shall provide a Certificate of Insurance meeting the requirements set forth in the Town of Hamilton Rules and Regulations Governing Restaurant Use of Public Ways and Public Property for Outdoor Seating.
- Tax Certificate: The Applicant shall obtain a certificate from the Tax Collector demonstrating that neither the Applicant nor the owner of the premises (if different) owes past due taxes, fees or assessments to the Town of Hamilton. No License shall be issue unless the applicant and property owner are current on all taxes, fees and assessments.
- Acknowledgments of Rules and Regulations: The Applicant shall acknowledge receipt of the Town of Hamilton Rules and Regulations Governing Restaurant Use of Public Ways and Public Property for Outdoor Seating and its intent to be bound by and to comply with all such Rules and Regulations, as they may from time to time be amended.

I HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE AND THAT I AM DULY AUTHORIZED TO ENTER INTO BINDING AGREEMENTS IN BEHALF OF THE APPLICANT.

(If different from Applicant)

Applicant Signature: _____	Owner's Signature: _____
Applicant Name (printed): _____	Owner's Name: _____
Date: _____	Date: _____

Internal Routing:

- Board of Selectmen's Office*
- Town Manager*
- Health Director*
- Police Chief*
- Fire Chief*
- Building Inspector*
- Town Planner*
- Department of Public Works*