



Downtown Restaurant Vestibule Application

City of Valparaiso

Board of Public Works and Safety

166 Lincolnway • Valparaiso, IN 46383

OFFICE USE ONLY:

Date Received:

Inspection Date:

Approval Date:

BUSINESS INFORMATION:

TYPE OR PRINT IN INK:

Name of Restaurant/Business: \_\_\_\_\_

Address of Location of Proposed Temporary Vestibule: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_

Relationship to Business:

Address: \_\_\_\_\_

Property Owner  Business Owner

\_\_\_\_\_

Manager  Other: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

PROPERTY OWNER INFORMATION:

SAME AS APPLICANT

Property Owner : \_\_\_\_\_

Email: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION:

Name of Liability Insurance Provider: \_\_\_\_\_ Insurance Expiration Date: \_\_\_\_\_

Previous Permit Issuance Date: \_\_\_\_\_ Name of Installation Company: \_\_\_\_\_

PLEASE INCLUDE THE FOLLOWING ITEMS IN YOUR APPLICATION SUBMITTAL:

Completed Application  Proof of Liability Insurance  Signed Hold Harmless Agreement

Site Plan; Demonstrating Proposed Location of Vestibule and All Dimensions (building exit door, setback etc.)

Detailed Sketch or Picture of Vestibule with Dimensions

\* An inspection must be scheduled to ensure the Standards and Conditions are met and to address any concerns\*

I have read and understand the Board of Works Vestibule Policy including the applicable penalty and violations provisions. I further understand and agree that permission for use of public right of way is a privilege that can be revoked by the City up to and including removal of vestibule and/or appropriate legal action if I am found to be in violation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_