

VILLAGE OF MENOMONEE FALLS OUTDOOR CAFÉ APPLICATION CHECK LIST



APPLICATION CHECK LIST

Village of Menomonee Falls Outdoor Café Application

Copy of Certificate of Insurance noting the Village as an additional insured (see Village of Menomonee Falls Outdoor Café Application, Attachment A.)

Copy of Yearly Operations Plan describing hours, scheduled maintenance, and a plan of operation (see Village of Menomonee Falls Outdoor Café Application, Attachment B.)

Drawing of Café Plan including sidewalk and buildings adjacent to the proposed outdoor area with dimensions. All existing street trees, furniture, utility equipment, parking meters and planted areas should also be represented.

Drawing made on Page 2 of Village of Menomonee Falls Outdoor Café Application.

Drawing included as a separate attachment.

Outdoor Café Fee of \$_____ (see Village of Menomonee Falls Outdoor Café Application for current rate.)

Mail in check (made out to the Village of Menomonee Falls.)

Pay in person (cash or check made out to the Village of Menomonee Falls.)

SUBMIT ELECTRONIC APPLICATION

E-mail in your completed application packet to:

abennett@menomonee-falls.org Or use

VMF Permit e-Submit:

menomonee-falls.org/esubmit

***If there is a fee that you are mailing in/dropping off separately from your permit, be sure to refer to the location of work & type of permit somewhere with the payment.*

SUBMIT PAPER APPLICATION

Mail in or drop off your completed application packet at:

**Village of Menomonee Falls
W156 N8480 Pilgrim Road
Attn: Community Development
Menomonee Falls, WI 53051**

APPLICANT SIGNATURE

I certify that the above information is true and correct to the best of my knowledge. I further certify that I am authorized to sign as the agent of the aforesaid business. I understand that if the information submitted is false, the permit is void.

Signature of Applicant or Applicant Representative

Title

Date

Printed Name

OUTDOOR CAFÉ APPLICATION

Village of Menomonee Falls Department of Community Development



Permit Year: _____

OUTDOOR CAFÉ PROGRAM

The outdoor café program was created in 2015 and allows for the placement of tables and chairs on public sidewalks throughout the commercial areas of the Village Centre (see Attachment C for a Boundary Map). This program strives to enhance our commercial center by fostering a more vibrant street life for the benefit of local businesses and the general public. Our goal is to ensure that the café seating areas are well maintained and operating within the requirements of the municipal code.

BUSINESS INFORMATION

Business Name

Business Address

Owner Name

Owner Address

Suite/Unit #

Owner City

State/ZIP

Phone

Email

Liquor License #

Seller's Permit #

Restaurant Permit # (Issued by Waukesha County)

FEIN #

Will alcohol be served in the sidewalk café?

YES NO

Do you owe any outstanding fees, citations, or debts to the Village?

NO

Have you attached a copy of your certificate of insurance to this application, noting the Village as an additional insured, as indicated on the attached sheet?

YES

Have you attached a yearly operations plan describing hours, scheduled maintenance, and a plan of operation? (see template)

YES

OUTDOOR CAFÉ FEE

The outdoor café fee is calculated based on \$0.50 per square foot of usable café area. Areas excluded from this calculation include public access walkways, paths of egress through the café space, and permanent street elements such as planters, trees, street furniture etc. The area must be diagrammed in this application and verified by the Department of Community Development. A minimum four foot walkway must be maintained around the perimeter of the café at all times.

Total Square Feet _____ X \$0.50/SF = Total Café Permit Fee \$_____

NOTABLE OUTDOOR CAFÉ RULES

- Café's must be maintained in good order at all times. This includes daily removal of loose trash and debris. Permit holder is responsible for power washing café area with a non-toxic, non –corrosive solution as needed.
- All outdoor café's must be closed by 10:00 p.m. and furniture either removed from the sidewalk or compactly stacked and secured in a manner that furniture cannot leave the outdoor café area.
- An Unenclosed Premise Permit must be obtained to serve and/or consume alcohol outdoors and the premise description amended to include the outdoor café area on all liquor licenses.
- The maximum allowable dimension for tables shall be 48 inches in diameter and 48 inches in width.
- A walking space of a minimum of 4 feet in width shall be open at all times on the sidewalk adjacent to the outdoor café area.
- Outdoor furniture shall be of a quality to sustain weather and wear and shall be of a material other than molded plastic. Pictures and details of proposed furniture shall be submitted to staff for review.

CAFÉ PLAN

Include a drawing of the sidewalk and buildings adjacent to the proposed outdoor café area including dimensions. All existing street trees, furniture, utility equipment, parking meters and planted areas should also be represented.

Plans attached.

This proposed plan varies from last year's plan.

NEIGHBOR PERMISSION

If your café area extends beyond your property lines, you must receive written permission from the adjacent property owners before your café can expand.

I hereby grant permission for the applicant to utilize a portion of sidewalk directly adjacent to my property for a term of one year.

Signature	Business Name	Date
Signature	Business Name	Date

APPLICANT SIGNATURE

*I certify that the above information is true and correct to the best of my knowledge. I further certify that I am authorized to sign as the agent of the aforesaid business. I understand that if the information submitted is false, the permit is **void**.*

Signature	Date
Printed Name	

For questions regarding the outdoor café program please contact:

Amy Bennett
Department of Engineering & Development
W156 N8480 Pilgrim Rd
Menomonee Falls, WI 53051
(p) 262-532-4408

www.menomonee-falls.org

APPROVAL (OFFICE USE ONLY)

Permit Number:	Approval Date:
Zoning District:	Total Permit Fee:

ATTACHMENT A

CERTIFICATE OF INSURANCE REQUIREMENTS

The following information must be provided on the Certificate of Insurance. A sample is attached identifying critical required information.

1. Date certificate is issued.
2. Name and address of agency issuing insurance.
3. Name and address of insured.
4. Name of insurance company. Must be authorized to do business in Wisconsin and rated A-VIII or better in the current Best's Key Rating Guide.
5. Policy number.
6. Policy effective date.
7. Policy expiration date.
8. The insured must maintain limits of at least one million dollars (\$1,000,000) per occurrence and in the aggregate. If there are lower limits in General Liability, an excess policy can be used to bring limits to \$1,000,000.
9. If the applicant is seeking a supplemental liquor license to serve alcohol at the sidewalk café, the applicant must also submit evidence of liquor liability insurance. Such insurance must be written with an insurance carrier authorized to do business in Wisconsin, with limits of liability as provided by Wisconsin State Law. The Village of Menomonee Falls, its officers and employees, shall be listed as additional insured parties on a primary and non-contributory basis on the liquor liability policy.
10. The following language needs to appear in this box: "The Village of Menomonee Falls, its officers and employees are listed as additional insured parties on the general liability policy on a primary and non-contributory basis, as their interests may appear."
11. Village of Menomonee Falls
Department of Community Development
W156 N8480 Pilgrim Rd
Menomonee Falls, WI 53051
12. The following language (or similar) must appear in this section: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 10-day written notice to the certificate holder named herein."

If the clause is preprinted and the wording "endeavor to", or "but failure to mail such notice" the wording must be crossed out and initialed by the insurance agent prior to submittal to the department.

13. Signature of the agent.

ATTACHMENT B

YEARLY OPERATIONS PLAN

The following information must be provided each year.

BUSINESS DETAILS							
Business Name:		Manager's Name:					
Manager's Phone:		Manager's Email:					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Indoor Hours							
Outdoor Café Hours							
Avg. # Employees (AM)							
Avg. # Employees (PM)							
Number of Indoor Seats -		Number of Outdoor Café Seats -					
Describe Cleaning Activities							
Daily Cleaning –							
Monthly Cleaning –							
Yearly Cleaning –							
PLAN OF OPERATION							
Submit a plan of operation that details elements of business operation including, but not limited to, alcohol control, outdoor café security, securing furniture when not in use, opening/closing procedures in relation to the outdoor café, etc.							
Please include pictures and details of the proposed furniture to be used in the outdoor café for review and approval by Village staff.							

ATTACHMENT C

