

CITY OF KINGSTON
Kingston Fire Department
Building Safety Division
Buildings@kingston-ny.gov

Steven T. Noble, Mayor
Mark Brown, Fire Chief



Tom Tiano, Deputy Chief
Joe Safford, Zoning Officer

City of Kingston Sidewalk Café Permit Application (Chapter 346 of the City Charter and Code)

The following must be submitted along with this application:

- Notarized Affidavit
- Copy of NYS Liquor License, ONLY IF alcohol beverages are to be sold and/or consumed in sidewalk café area. Until such time, a permit may be issued with limitations.
- Insurance certificate naming the City of Kingston as Additional Insured, in accordance with §364.3 Subsection F of enacting legislation.
- Scale drawing of sidewalk/café layout, lighting, plant installations, signage, including area for continuous safe pedestrian passage for general public, barriers and any other apparatus. (Identify materials, colors and furniture types)
- Description of how this area will be utilized and managed
- Non-refundable \$150.00 fee – check payable to the City of Kingston Comptroller

ALL PERMIT APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE SUBMITTED, WITH ORIGINAL SIGNATURE, TO THE KINGSTON BUILDING SAFETY DIVISION, 5 GARRAGHAN DRIVE, KINGSTON, NY 12401 (845) 331-1217.

PROPOSED SIDEWALK CAFÉ/NAME OF RESTAURANT

ADDRESS OF RESTAURANT/VENDOR

CHECK ONE: New Application _____

Renewal Application _____

Regular hours of operation _____

Does business sell/service alcoholic beverages? Yes _____ No _____

Does business have valid special permit and/or certificate of occupancy? Yes _____ No _____

Applicant Name

Telephone Number

Cell Number

Address

Zip Code

Email

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I, _____, hereby apply for a permit from the City of Kingston to operate and manage a sidewalk café at the above address. I certify that I have received a copy of the Rules and Regulations (Chapter 366 of the City Code) and have reviewed said regulations governing the operation of a sidewalk café in the City of Kingston, New York. I hereby agree to fully comply with all of the rules and regulations. I understand that the sidewalk café permit may be revoked if I fail to abide by the parameters of the adopted legislation.

DATE SIGNATURE OF APPLICANT PRINT NAME OF APPLICANT

Sworn to before me this _____ day of _____, 20_____.

Notary Public

THE FOLLOWING IS REQUIRED IF THE OPERATOR IS NOT THE LAND OWNER:

As owner of the property located at _____, Kingston, New York, 12401, I hereby acknowledge and accept full responsibility for activity which occurs on within the sidewalk café area, and understand fully all the rules and regulations set forth by the City of Kingston.

DATE SIGNATURE OF PROPERTY OWNER PRINT NAME OF OWNER

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AFFIDAVIT

STATE OF NEW YORK)

)ss:

COUNTY OF ULSTER)

I, _____, being duly sworn, say:

1. I am the _____ of _____
(title/relationship to establishment - i.e.-owner/manager) (establishment)
in Kingston, New York and am authorized by _____
(establishment)
to make the following representations to the City of Kingston.
2. I make this affidavit to the City of Kingston, New York to issue a Sidewalk Café Permit to
_____ and recognize that the City of Kingston is
(establishment)
relying on facts and information presented within this application as representation, to issue such permit.
- 3.* That _____ is licensed and authorized by the New York State
(establishment)
Liquor Authority to serve alcohol in the outdoor area more fully described in the site plan submitted with the
permit application. A copy of _____
(establishment)
liquor license for said establishment has been amended to incorporate the sidewalk café area, which is in full force
and effect and attached.

Sworn to me this _____ day of

SIGNATURE

_____, 20____.

NOTARY PUBLIC

- NOTE: Item Number 3 is ONLY REQUIRED if alcohol is to be purchased, served and consumed within the sidewalk café area. No alcohol may be served, purchased or consumed prior to the permit holder providing a valid license to the City of Kingston. The City will issue a permit which can be amended once the appropriate approvals are in place.

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FOR INTERNAL OFFICE USE ONLY:

Application Received: _____
Fee Received and Recorded: _____
Referrals: Planning _____ DPW _____ BSD _____ KPD _____
Insurance Certificate Filed: _____
Liquor License Provided (If Applicable): _____

PERMIT NUMBER: _____ DATE ISSUED: _____
EXPIRATION DATE: _____

Signature of Authorized City Official

Print Name