OUTDOOR DINING PERMIT APPLICATION



CITY OF ELKINS

401 Davis Avenue, Elkins WV 26241 Phone (304) 636-1414 FAX (304) 635-7135

Please Print or Type

FULL NAME OF BUSINESS:			
CORPORATION NAME: (if applicable)			
BUSINESS LOCATION:			
BUSINESS MAILING ADDRESS:			
BUSINESS PH#	OWNER/OPERATOR'S ALTER	RNATE PH #	
Each of the following must be provid	ed at the time of application:		
_ \$25.00 PERMIT FEE (NOTICE: _ CURRENT CITY OF ELKINS			
	RANCE (the City of Elkins must be assign		
_ HOLD HARMLESS AGREEN	$f{IENT}$ (submission of this application and lie	censing enters the vendor into a hold-ha	irmless with the City of Elkins)
For businesses serving beverages a WVABCA APPROVED FLOC CURRENT WVABCA LICEN	OR PLAN FOR THE LICENSED I	PREMISES	
No person shall provide outdoor dining their designee. By my signature below also acknowledge that failure to abide my City of Elkins business license.	w, I certify that I have received a cop	y of these rules and regulations	and agree to abide by them. I
SIGNATURE OF APPLICANT	PRINT NAME	TITLE	/
OFFICIAL USE ONLY			
Fiscal Year			
Permit No New Re	enewal		
Date Issued			
Expiration date			
Initials of Official issuing permit			