



City of Newport Street Cafe Application

OWNER: _____

D/B/A: _____

Business Location: _____

Owner Mailing Address: _____

Home Phone: _____ Business Phone: _____

Number of tables? _____ Number of seats? _____

Do you have a license to serve alcoholic beverages? yes _____ no _____

(* If yes, you must apply to expand your liquor license to serve in the café area)

The following are required with the application:

- Certificate of Insurance
- Hold Harmless letter
- Diagram including linear feet, seating and location of barriers etc.

Signature of Owner/Operator: _____ Date: _____

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

License Class and Number: _____

Filing Fee \$15 Date paid: _____

Annual Fee \$ _____ : Linear Feet _____

Date Paid: _____

City Council Action: _____ Date: _____

License Issued: _____ Issued by: _____

Conditions: _____