

**TOWN OF WETHERSFIELD**  
**OUTDOOR ACTIVITIES APPLICATION**  
**(Per Executive Order)**  
**(860) 721-2835**

OFFICE USE ONLY

Date Received \_\_\_\_\_

Application # \_\_\_\_\_

**E-Mail the completed application and supporting documentation to the attention of Charles Morrison**  
**tempoutdooractivity@wethersfieldct.gov**

**Property Address:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Applicant(s) Name:** \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Property Owner(s) Name** \_\_\_\_\_

Requesting approval for (circle): Outdoor Dining Outdoor Dining with Alcohol Outdoor Merchandise Display

The application is further defined as: \_\_\_\_\_

**By signing this document, I affirm that I have reviewed and agree to adhere to all state executive orders, rules or guidelines established for this business.**

**But before you can open your doors, you must self-certify that you are following strict safety guidelines to keep your employees and customers safe. <https://business.ct.gov/recovery>**

(1) Electronic copy of application and all data and plans in support of application to include:

- Narrative Describing Proposal to include: Days of the week, hours of the day, # tables, # of seats, occupancy of bar or restaurant, service plan, liquor service, social distancing plans and details of any temporary signage.
- Sketch Plan (reasonably accurate scale) for layout shall include: location of all improvements, electricity, dimensions, seating plan, bathroom locations, barriers/protection between vehicles and seating areas, lighting, tents/umbrellas, traffic flow, trash receptacles and all proposed signage.
- Evidence of Insurance if public property is to be used.
- Any Other Information that may be helpful to explain application.
- Such other information required by the Town after the application is reviewed.

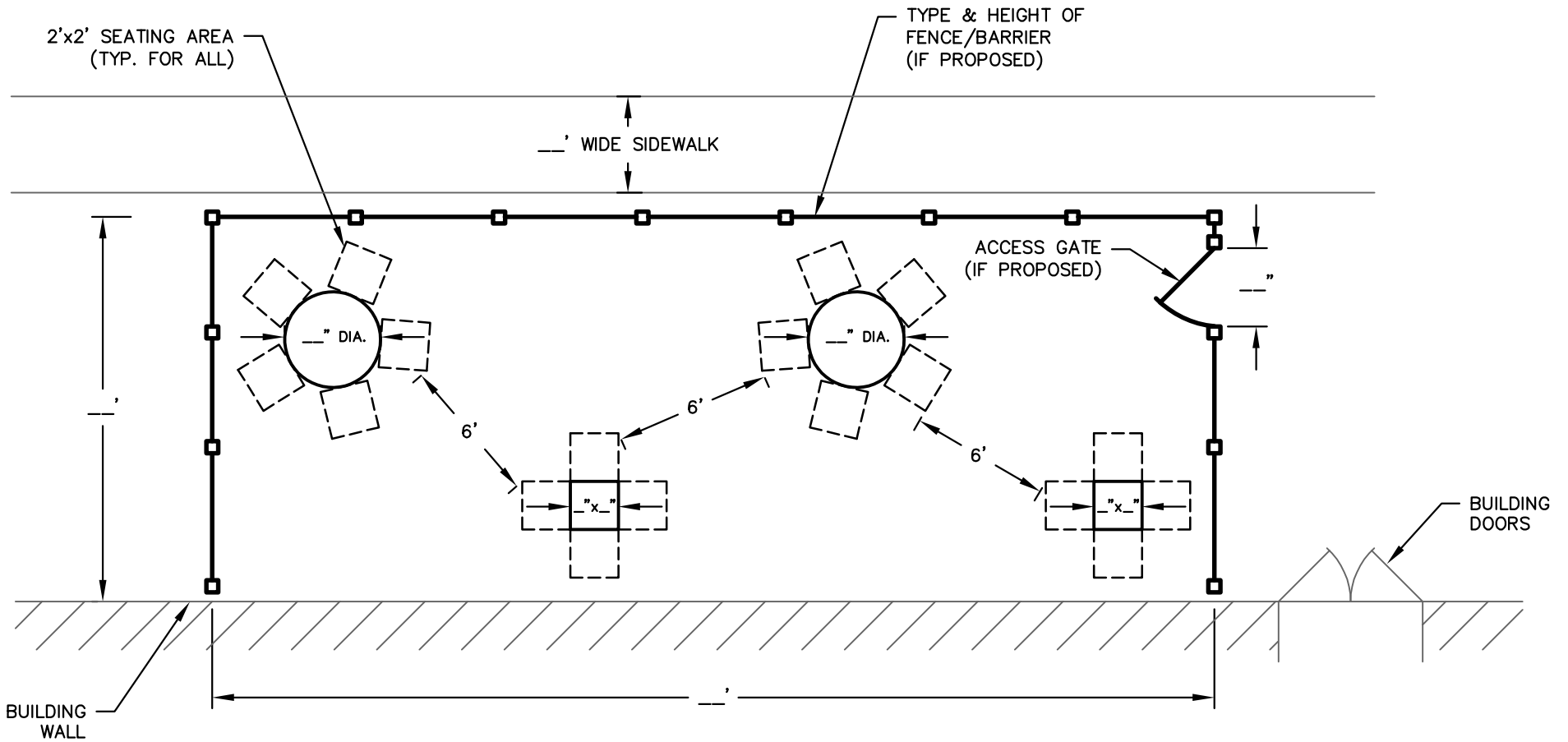
The Town requires that a complete and detailed application is submitted to ensure the safety of customers, employees and the public. Therefore, any incomplete application may be denied. The Town reserves the right to deny an application where it is deemed that the proposed activity would result in undue impacts on public health, safety and welfare.

I hereby certify that the above information and plans submitted are true and correct. The undersigned hereby authorizes the application requested and authorizes Town of Wethersfield staff the right to enter the subject property for the purposes of inspection associated with this application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (S)

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER (S)  
(Or attach letter consenting to this application)

OWNER NAME: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_  
DATE: \_\_\_\_\_



## TOWN OF WETHERSFIELD SAMPLE OUTSIDE SEATING LAYOUT

MAY 2020  
NOT TO SCALE