THE CITY OF WINDSOR
ONTARIO, CANADA

OFFICE OF THE CITY ENGINEER – RIGHT-OF-WAY
350 City Hall Square West - Suite 210, Windsor, Ontario N9A 6S1
Telephone: 519-255-6257 Email: engineeringdept@citywindsor.ca

SIDEWALK CAFE APPLICATION

APPLICATION TYPE: ☐ FIRST TIME CAFÉ ☐ PERMIT RENEWAL (NO CHANGES) ☐ PERMIT RENEWAL (MODIFIED DESIGN)

Restaurant/Cafe Name: _____

RESTAURANT/CAFE ADDRESS: _____

Legal Name (as shown on Articles of Incorporation) _____

Email Address: _____

Name of Applicant: _____ **Phone:** _____

Mailing Address: _____ **Postal Code:** _____

INCLUDED WITH SUBMISSION (APPLICATION WILL NOT BE ACCEPTED IF THESE ITEMS ARE NOT PROVIDED)	
1.	☐ New Drawing Provided OR ☐ Updated Drawing Layout Provided OR ☐ Same Layout as the Previous Year
2.	☐ Certificate of Insurance (reference Certificate of Insurance requirements found on website):
3.	☐ A tent is proposed & all information required within the Cafe Guidelines are provided OR ☐ Tents are NOT proposed
4.	☐ Lighting is proposed & all information required within the Cafe Guidelines are provided OR ☐ Lighting is NOT proposed
5.	☐ Cafe Checklist (Parklet & Curbside Cafes ONLY)

☐ **STANDARD SIDEWALK CAFE** **SERVING LIQUOR** ☐ Yes ☐ No

CAFE DURATION: ☐ 3 Season - March 1st to November 30th
☐ Year Round (1 heater per 10 person capacity is required)

HEATING DEVICE: ☐ Yes ☐ No
Fuel Type: Number of Heaters:

RAILING OPTION (SELECT ONE):

☐ No Railings (if serving alcohol, the area must be clearly defined as per AGCO requirements)

☐ Pre-Approved Railings Option: ☐ 1a ☐ 1b ☐ 1c ☐ 2a ☐ 2b ☐ 2c

☐ Non-Standard Railings Railing Height (36" MIN-40" MAX): Railing Colour: Drawing Provided ☐

☐ **PARKLET CAFE** (APRIL 1ST TO NOVEMBER 15TH) **SERVING LIQUOR** ☐ Yes ☐ No

☐ 42" Railing Height: Material: ☐ Galvanized HSS Steel ☐ Wood

☐ Catchbasin/Manhole/Utility Vault located within Proposed Location (**Access Panel Required**)

HEATING DEVICE: ☐ Yes ☐ No
Fuel Type: Number of Heaters:

☐ **CURBSIDE CAFE DETOURED WALKWAY** (APRIL 1ST TO NOVEMBER 15TH) **SERVING LIQUOR** ☐ Yes ☐ No

☐ 42" Railing Height: Material: ☐ Galvanized HSS Steel ☐ Wood

☐ Catchbasin/Manhole/Utility Vault located within Proposed Location (**Access Panel Required**)

HEATING DEVICE: ☐ Yes ☐ No
Fuel Type: Number of Heaters:

I / We acknowledge that the information requested on this form is collected under the authority of *The Municipal Act, R.S.O. 2001* as amended. The information is required in order to process the application to administrative staff for review. The name and business address of the applicant and/or authorized agent is public information. The address of the property, which is the subject of the application, is also public information. Any other personal information will only be used for internal purposes.

Questions about the collection of information can be made to the Freedom of Information Co-ordinator, Council and Customer Services, PO 1607, 350 City Hall Square West, Windsor, ON N9A 6S1, 519-255-6285.

I / We acknowledge receiving a copy of the sidewalk cafe general conditions appended to this form as Schedule 'A', have read and agree to adhere to the same.

I / WE ACKNOWLEDGE THAT NON-COMPLIANCE WITH ANY GENERAL CONDITIONS, BY-LAW 25-2010, THE REQUIREMENTS OF THE SIDEWALK CAFÉ HANDBOOK, THE ALLOWABLE LIMITS OF THE SIDEWALK CAFÉ AS SHOWN ON THE DRAWING FROM THE ENGINEERING DEPARTMENT AND / OR ANY SPECIAL CONDITIONS AS SET OUT ON THE PERMIT, OR ANY MISREPRESENTATIONS RELATING TO THIS APPLICATION, MAY RESULT IN THE PERMIT BEING REVOKED.

APPLICANT'S SIGNATURE : _____ **Date:**

TITLE: _____

**** If the applicant is a Corporation, I have the authority to bind the Corporation.***

FOR INQUIRIES REGARDING YOUR APPLICATION, PLEASE CONTACT:

RIGHT-OF-WAY DEPARTMENT
Telephone: 519-255-6257, EX. 6483 or 6359
Email: engineeringdept@citywindsor.ca

THE CORPORATION OF THE CITY OF WINDSOR

STANDARD CERTIFICATE OF INSURANCE

This form must be completed and signed by your insurer or insurance broker.
Proof of insurance will be accepted on this form only, with no amendments.

Named Insured (Legal Name):		Fax no.
123456 Ontario Limited o/a ABC Company		519-555-5678
Named Insured's mailing address:		
123 Main Street, Windsor, ON A1A 1A1		

Insured must be Legal Name as found in the Articles of Incorporation or Business Licence

City of Windsor Contract/File/Tender/Permit No.	Location & Description of Work / Activity to which this Certifcate applies:
Sidewalk Café	Located at 12 Main Street, Windsor ON Coverage inclused use of portable heater(s) at the Sidewalk Café

Must include "Sidewalk Cafe"

Must list address of sidewalk cafe. Must also include coverage for heaters (if any)

COVERAGES

This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) l
indicated.

Type of Insurance	Insurance Company	Policy Number	Effective Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Limits of Liability
General Liability Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.	XYZ Insurance Company	CGL000000111	01/01/20XX	01/01/20XX	$2,000,000.00
☐ Umbrella					
☐ Excess					
☐ Builder's Risk ☐ Installation Floater					
☐ Wrap-up Insurance					
☐ Environmental					
☐ Contractors Equipment Insurance					
☐ Boiler & Machinery					
☐ Professional Liability / Errors and Omissions					
☑ Liquor Liability	XYZ Insurance Company	CGL000000111	01/01/20XX	01/01/20XX	$2,000,000.00
☐ Property/Homeowner					
☐ Tenant's Legal Liability					
Automobile Liability Must cover all vehicles owned, or operated by, or on behalf of the Insured.					

Must be occurance based and have cross liability coverage

Could be higher if portable heater is used

Proof of Liquor Liability coverage required if licensed establishment

ADDITIONAL INSURED	Legal Name of Other Additional Insured
☑ THE CORPORATION OF THE CITY OF WINDSOR ☐ YOUR QUICK GATEWAY (WINDSOR) INC. ☐ WINDSOR POLICE SERVICES BOARD ☐ ROSELAND GOLF & CURLING CLUB LIMITED ☐ THE WINDSOR PUBLIC LIBRARY BOARD	

"The Corporation of the City of Windsor" must be listed as additional insured

has/have been added as an additional Insured with respect to their interest in the operations of the Named Insured.

CANCELLATION

Should any of the above described policies be cancelled or changed before the expiration date thereof, the insurer will provide thirty (30) days written notice to:

The Corporation of the City of Windsor
Attention: Risk Management
403-400 City Hall Square East
Windsor, ON N9A 7K6
Fax: (519) 255-9891
email: coi@citywindsor.ca

Must include address of certificate holder/additional insured

Must include 30 day notice of cancellation

CERTIFICATE AUTHORIZATION

This certificate is executed and issu h below.

Name of insurance company or bro	Email Address	Telephone no:
John Doe Insurance Company	jdoe@insurance.ca	519-555-9876
Address:		Fax no:
567 Oak Street, Windsor, ON Z9Z 9Z9		519-555-5432

Requires signature of insurance company or broker authorized representative

Authorized Representative (please print):	Signature of authorized representative:	Date (mm,dd,yyyy):
Tom Smith		01/01/20xx

Revised January 28, 2020

THE CORPORATION OF THE CITY OF WINDSOR

STANDARD CERTIFICATE OF INSURANCE

This form must be completed and signed by your insurer or insurance broker.
Proof of insurance will be accepted on this form only, with no amendments.

Named Insured (Legal Name):	Telephone no.	Fax no.

Named Insured's mailing address:

City of Windsor Contract/File/Tender/Permit No.	Location & Description of Work / Activity to which this Certifcate applies:

COVERAGES

This is to certify that the policies of insurance listed below have been issued by the Insurance Company(ies) listed below, to the Named Insured above, for the policy period indicated.

Type of Insurance	Insurance Company	Policy Number	Effective Date (mm/dd/yyyy)	Expiry Date (mm/dd/yyyy)	Limits of Liability
General Liability Must be occurrence based and must include personal injury, bodily injury, property damage, contractual liability, non-owned auto liability, products and/or completed operations, employer's liability, and must include a cross liability clause.					
☐ Umbrella					
☐ Excess					
☐ Builder's Risk ☐ Installation Floater					
☐ Wrap-up Insurance					
☐ Environmental					
☐ Contractors Equipment Insurance					
☐ Boiler & Machinery					
☐ Professional Liability / Errors and Omissions					
☐ Liquor Liability					
☐ Property/Homeowner					
☐ Tenant's Legal Liability					
Automobile Liability Must cover all vehicles owned, or operated by, or on behalf of the Insured.					

ADDITIONAL INSURED	Legal Name of Other Additional Insured
☑ THE CORPORATION OF THE CITY OF WINDSOR ☐ YOUR QUICK GATEWAY (WINDSOR) INC. ☐ WINDSOR POLICE SERVICES BOARD ☐ ROSELAND GOLF & CURLING CLUB LIMITED ☐ THE WINDSOR PUBLIC LIBRARY BOARD	

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The Corporation of the City of Windsor
Attention: Risk Management
403-400 City Hall Square East
Windsor, ON N9A 7K6
Fax: (519) 255-9891
email: coi@citywindsor.ca

CERTIFICATE AUTHORIZATION

This certificate is executed and issued to The Corporation of the City of Windsor on the date written below.

Name of insurance company or broker completing form:	Email Address	Telephone no:

Address:	Fax no:

Authorized Representative (please print):	Signature of authorized representative:	Date (mm,dd,yyyy):