



Downtown Holland Outdoor Café Application

****The following information must be complete and accurate to be considered for license approval****

*Business Name _____

*Business Address _____ City _____ State _____ Zip _____

*Address _____ City _____ State _____ Zip _____

*Business Phone Number _____ Business Fax Number _____

*Applicant's Name (Partners, etc.) _____

*Address _____ City _____ State _____ Zip _____

*Applicant's Home Phone Number _____ E-mail _____

*Dates of operation for Outdoor Café _____

*Days and Hours of operation _____

*What will the outside operation consist of? _____

*** Submit detailed drawing showing the building, entrances/exits, tables, chairs, umbrellas, overhead projections, fences and any other pertinent information.**



Will you be serving food outside? _____ If yes, is the entire menu available, or special items only? _____ Do you have self-closing doors? _____

How and how often do you intend to clean the table and chair area? _____

Are the tables and chairs removable? _____ Where will they be stored when not in use? _____