



Kathy M. Sheehan  
Mayor

Office of the City Clerk  
City Hall - Room 202  
Albany, New York 12207  
Phone (518) 434-5090 Fax (518) 434-5081

Nala R. Woodard  
City Clerk

### CAFÉ LICENSE APPLICATION

**INSTRUCTIONS:** This application must be completed in full, either typed or printed clearly, and submitted to the City Clerk, City Hall, Room 202, by the owner or tenant of the property for which the café license is being requested.

This form must be accompanied with a site plan, drawn to scale (SEE ATTACHED SCALE PG (3) FOR ADDITIONAL FEES), which clearly indicates the proposed café in relation to existing buildings, adjoining streets and sidewalks, and must identify any other significant features of the site. A \$50.00 non-refundable processing fee due with application. A certificate of insurance naming the City of Albany, as an additional insured must be submitted prior to the issuance of a permit. Incomplete applications will not be accepted.

If you have any questions about the application process, please contact the Office of the City Clerk at (518) 434-5090.

#### APPLICANT

Name of Proprietor: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Interest in Property: Owner  Tenant  Other

#### PROPERTY

Owner: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Location of café (sidewalk, backyard, roof): \_\_\_\_\_

Total amount of City property needed for café: Width \_\_\_\_\_ Length \_\_\_\_\_

Total square footage including City property: Width \_\_\_\_\_ Length \_\_\_\_\_

Total No. of tables now in establishment: \_\_\_\_\_ No. of café tables proposed: \_\_\_\_\_

Is the number of tables at your establishment increasing as a result of the café? \_\_\_\_\_

Will alcoholic beverages be served in the café? \_\_\_\_\_

Will there be any exterior lighting or music? \_\_\_\_\_

Proposed hours and days of operation:

Hours: \_\_\_\_\_ Days of the week: \_\_\_\_\_

Daily hours : \_\_\_\_\_

*(Cafés located in a C-1 residential district cannot open before 8a.m. and cannot stay open past 11p.m.)*

I, the undersigned, hereby attest to the accuracy of the information submitted herein, and in the event that this application is approved, agree to carry the required insurance for and assume all liability regarding those exterior areas which are involved in the proposed use. I also agree to abide by any and all conditions of the permit and fully understand my obligations pursuant to Chapter 303- sidewalks and café.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

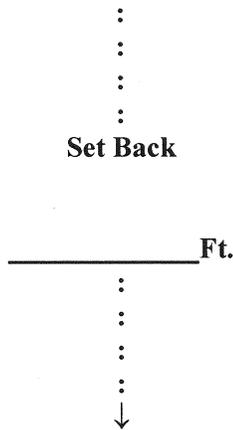
Status and conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INDICATE IF CAFÉ IS IN REAR OF PROPERTY**

**Usage Fee for Sidewalk Café:**

- 1-100 sq /ft \$50
- 101-200 sq/ft \$150
- 201-300 sq/ft \$200
- 301-400 sq/ft \$250
- 401-500 sq/ft \$300
- 501-600 sq/ft \$350
- 601-700 sq/ft \$400
- 701-800 sq/ft \$450
- 801-900 sq/ft \$500
- 901-1,000 sq/ft \$550



**STREET**

**PLEASE INDICATE WHERE CAFÉ TABLES ARE POSTIONED AND  
SQUARE FOOTAGE OF CAFÉ**