## City of Streator 204 S. Bloomington Street Streator, Illinois 61364 815/672-2517 fax 815/672-7566



## PETITION FOR A SIDEWALK CAFE PERMIT

Pet	itione	r(s):	Telephone:	
Ma	iling 1	Address:	_ Fax:	
Pet	itione	r's Representative:	Telephone:	
Ma	iling 1	Address:	_ Fax:	
1.		plication fee is \$100.00 annually unless waived by the lication the following:	e City Council. Please submit along with this	
	☐ A site plan clearly marking the proposed sidewalk café and surrounding area detailing proposed fencing/barrier, existing sidewalks, curbs, and roadways and pedestrian routes and widths around the café.			
		☐ A certificate of liability insurance listing the City minimum liability coverage limit of \$500,000.	y of Streator as additionally insured with a	
2.	The petitioner petitions the City of Streator for a s		use permit for the following property:	
	a.	Legal Description (attach the full legal description plus an electronic version of the legal description).	on 8 ½ x 11 separate sheet of paper- type written	
		Subdivision Name:		
		Property Tax ID #:		
	b.	Street Address or Common Location:		
	c.	Existing Zoning District:		
	d.	Describe Reason for request:		
	e.	☐ Yes ☐ No Will alcoholic beverages be served	d in the sidewalk cafe?	
	f.	Proposed hours of operation.		

	g.	Describe any impact on the surrounding property, uses, and occupants.			
	h.	Describe any impact on pedestrian and vehicular traffic.			
	i.	☐ Yes ☐ No Does the applicant affirm the Department of Health rules a	at it is aware of and will abide by all County and State and regulations?		
3.	The petitioner(s) have read and completed all of the above information and affirm that it is true and rect.				
	Petit	ioner's Signature:	Date:		
	Petit	ioner's Signature:	Date:		
4. subj		I hereby affirm that I am the legal owner (or authorized agent or representative- proof attached) of the ct property and authorize the petitioner to pursue this petition as described above.			
	Owr	ner's Signature:	Date:		
	Owr	er's Signature:	Date:		

Rev: 5/22/2020