

CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936 PHONE 217-784-5872 | FAX 217-784-5930

SIDEWALK CAFÉ PERMIT & LICENSE APPLICATION

Date	
Restauran	t Name
Address	
Phone	Alternate Phone
Printed Na	ame of Person / Agent Applying
Please pro	vide the following information: Map / drawing of the proposed location including dimensions
2	A detailed description of the furniture/materials to be used in the encroachment, the placement
	of the same including dimensions. NOTE: A minimum of 4' must be left unobstructed on the right of way at all times for
_	pedestrians and to meet ADA requirements.
3	Names and addresses of all officers if a corporation or a group.
4	A certificate of insurance showing applicant has purchased and maintains public liability and property damage insurance and also must list the City of Gibson as additional insured.
5	A statement providing that in consideration of receiving the encroachment permit, the
3	applicant will pay any and all expenses, including compensation for damages, caused by the
	encroachment and that the applicant will indemnify and hold harmless the City of Gibson from
	any action, proceeding or claim of liability asserted against the City of Gibson resulting from the
	encroachment or from the issuance of the encroachment permit.
	PLEASE REFER TO THE CITY OF GIBSON, ILLINOIS
	ORDINANCE NUMBER 2016-O-13 FOR MORE DETAILS
(Applicant	s Signature)
(Mayor's S	ignature)
Date	