



Sidewalk Dining & Display Application Form

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

Applicant Information

Name of Proposed Project:		Staff Use Only
Project Address:		
Assessor's Parcel Number:		
Phone: ()	E-Mail:	MUNIS NO:
Applicant Name:		FILE NO:
Applicant Address:		
Property Owner Name:		
Property Owner Address:		

Project Description

Present Use of the Property _____

Description of Request _____

Number of Tables _____ Number of Chairs/Seats _____

Are alcohol beverages sold? _____ If so, what type _____

If a renewal, are there any changes from the prior year? _____

If so, describe _____

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability and that the facts, statements and information presented are true and correct to the best of my knowledge and belief.

Date: _____ Applicant's Signature: _____
Print Name and Title: _____

I certify that I am presently the legal owner of the above described property in the application and I hereby authorize the applicant to file the application.

Date: _____ Owner's Signature: _____
Print Name and Title: _____

STAFF USE ONLY

Date Received:	Received By:	Fees:	Receipt No:
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