



City of
SANTA CLARITA

**Main Street Outdoor
Dining Application & Checklist**

I. APPLICANT CONTACT INFORMATION

Business Name: _____

Business Owner(s) Name: _____

Address: _____ Zip Code: _____

Phone: _____ e-mail: _____

II. PROPERTY OWNER INFORMATION (list all owners)

Legal Owner Name: _____

Address: _____ Zip Code: _____

Phone: _____ e-mail: _____

III. PROJECT LOCATION

Address: _____

APN #: _____

IV. DESCRIPTION (Describe proposed outdoor dining area)

V. _____ **SITE PLAN (Property lines, building/tenant footprint & outdoor dining area)**

VI. _____ **PHOTOGRAPHS/EXHIBITS (Existing & Proposed Condition)**

VII. _____ **MAIN STREET OUTDOOR DINING LICENSE AGREEMENT**

VIII. _____ **CERTIFICATE OF LIABILITY INSURANCE**