



BOROUGH OF KENNETT SQUARE
120 MARSHALL STREET – KENNETT SQUARE, PA 19348
PHONE: 610.444.6020 EXT 103 FAX: 610.444.3216

**APPLICATION FOR TEMPORAY OUTDOOR
DINING PERMIT**

INDIVIDUAL/COMPANY NAME _____

ADDRESS _____

PHONE # () _____ EMAIL ADDRESS: _____

TYPE OF PRODUCT TO BE SOLD/DISTRIBUTED _____

LOCATION OF THE OUTDOOR DINING _____

LIST NAMES OF PERSONS WHO WILL BE RESPONSIBLE FOR COMPLIANCE ENFORCEMENT OF
CDC/CCHD AND BOROUGH CODES GUIDELINES. (IF MORE ROOM IS NEEDED, USE OTHER SIDE) _____

DATE OUTDOOR DINING TO BEGIN: _____

I, THE UNDERSIGNED APPLYING FOR THIS PERMIT, HEREBY CERTIFY THAT THE STATEMENTS
CONTAINED HEREIN, ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ALSO AGREE
TO ABIDE BY THE ORDINANCES OF KENNETT SQUARE BOROUGH. **I AM AWARE NO PRODUCT
MAY BE SOLD AFTER 11pm.**

**ANY FOOD BEING SERVED OUTSIDE NEEDS A CURRENTLY VALID LICENSE TO OPERATE A
PUBLIC FOOD SERVICE FACILITY FROM THE CHESTER COUNTY HEALTH DEPARTMENT.**

**APPLICANT MUST PROVIDE A CERTIFICATE OF GENERAL LIABILITY INSURANCE, IN THE
APPLICANT'S NAME AND IDENTIFYING KENNETT SQUARE BOROUGH AS A CERTIFICATE
HOLDER AND ADDITIONAL INSURED.**

**APPLICANT WILL CONTACT THE CODES DEPARTMENT FOR INSPECTION OF OUTDOOR DINING
FACILITY PRIOR TO OCCUPANCY**

DATE _____ APPLICANT SIGNATURE _____

AGENT FOR _____

FOR BOROUGH USE ONLY

TYPE OF PERMIT: TEMPORARY _____

APPROVED BY: _____