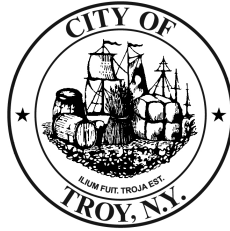


Office of the City Clerk
433 River St, Suite 5001
Troy, NY 12180
Phone: 518-279-7134
Fax: 518-270-4639
cityclerk@troyny.gov



OUTDOOR DINING
PERMIT-SIDEWALK
ONLY 2025

SUBMIT COMPLETE APPLICATION AT LEAST 14 DAYS PRIOR TO ANTICIPATED OPENING

Business Name:	
Contact Person:	
Phone #:	Email:
On-site contact(s), if different:	
Phone #:	Email:
Business Address:	
Outdoor service must end by 10 pm to comply with City noise §201-3. The street will be reopened immediately after.	
Dates Requested:	
Days of Operation: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Set-Up Time:	Breakdown Time:
<p>Maintenance of the permitted sidewalk area is the responsibility of the permittee. The permitted area shall not extend into the roadway. Permittee shall not place any objects in the right of way outside of the permitted area and shall not build any structures in the permitted area.</p> <p>If use of sidewalk space is approved, permittee shall at all times ensure that all persons lawfully using the sidewalk shall have adequate passage to freely pass without impediment or hindrance. Permittee shall maintain a minimum clear width for accessibility of 36 inches (915 mm) and adhere to ADA guidelines, or wider lanes of access if circumstances require. (https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm)</p> <p>This permit excludes dates for any film project in the City of Troy.</p> <p>Under no circumstances shall the permittee use barricades on City sidewalks without the written consent of the City.</p> <p>The City may revoke this permit at any time for any reason.</p>	
<p>Include with your application:</p> <ol style="list-style-type: none">1) Certificate of Insurance naming City of Troy as additional insured (see next page);2) Map of sidewalk space requested (SLA license can only be extended to spaces adjacent to property)3) Rensselaer County Health Department food permit;4) SLA Temporary Extension Form (a copy of this form should also be emailed to	

temporaryalterations@sla.ny.gov)

Application will not be processed until all items have been submitted.

INSURANCE REQUIREMENTS

As required by § 2-14 of the City Code, you must carry public liability, bodily injury, and property damage insurance which covers the property to be used and identifies the City of Troy as an additional named insured. A Certificate of Insurance must be submitted to the City Clerk at the time of application and before any use of City property. Your Certificate of Insurance must name the City of Troy as an additional insured and must show liability coverage as follows:

Comprehensive General Liability

Each Occurrence	\$1,000,000
Aggregate	\$2,000,000
Products and Completed Operations	\$1,000,000
Products and Completed Operations Aggregate	\$2,000,000
Advertising and Personal Injury Liability	\$1,000,000

If alcoholic beverages are served or sold, add:

Liquor Liability	\$1,000,000
------------------	-------------

By signing and submitting this application, the applicant/business agrees to indemnify, defend and hold harmless the City of Troy, its officers, employees, and agents from and against any and all losses, costs (including but not limited to, litigation costs and attorney fees), claims, suits, actions, damages, liability, and expenses occasioned wholly or in part by the applicant/business's act, omission, negligence, or fault, or the act, omission, negligence, fault of the applicant/business's agents, subcontractors, suppliers, vendors, employees, or servants in connection with the permit.

Applicant/business shall keep and hold harmless the City, its officers, employees, and agents for any and all claims, damages, and liability of any kind whatsoever relative to or arising out of the use of City property.

Authorized Signature:

Date:

Office Use Only		
Chief of Police:		Date:
Commissioner of GS:		Date:
Deputy Mayor:		Date:
(seal)	City Clerk:	Date: