

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



TEMPORARY
 OUTDOOR DINING
 BARRICADE
 PERMIT

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:	
<p>Permit is for dining only. Outdoor service must end by 10 pm. Outdoor area must be closed by 11 pm to comply with City noise ordinance.</p>	
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	
Service Start Time:	Service End Time:
Set-Up Time:	Breakdown Time:
<input type="checkbox"/> City barricades requested (Metal-Bike Rack Style; 8 feet long) Linear Feet Needed: _____	
<p>If use of parking spaces is approved, the City of Troy will install two barriers, commonly known as Jersey barriers, one on each end of the parking area subject to permit. Maintenance of the permitted area is the responsibility of the permittee. The permitted area shall not extend into the roadway more than 6 feet past the sidewalk curb. 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. 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>The City will pick up the barriers and barricades at the expiration of the permit. If necessary, contact the City Clerk's office to arrange early pickup. Under no circumstances shall the permittee use City barricades at another location or allow use by another party without the written consent of the City.</p> <p>The City may revoke this permit at any time for any reason.</p>	

Include with your application:

- 1) Certificate of Insurance naming City of Troy as additional insured (see next page);
- 2) Map of parking spaces 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.

Barricade Permit fees are DUE at the time of permit approval. The fee for the Temporary Outdoor Dining Barricade Permit is \$325 and it lasts from May 1-October 31, 2023.

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
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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		
City Engineer		Date:
Chief of Police:		Date:
Commissioner of GS:		Date:
Deputy Mayor:		Date:
(seal)	City Clerk:	Date:



I, _____, understand the requirements and expectations outlined in the Outdoor Dining Permit I have applied for, as approved by the City of Troy. I acknowledge that I have been provided a copy of the Permit and agree to abide by the policies and guidelines outlined within as a condition of my rights provided by its authorization. I understand that if I have questions regarding the Permit, I will consult with the City Clerks Office or another City of Troy Official.

Please read and initial the following statements. Your initial represents your understanding and agreement with the statement.

___ I will not extend my outdoor dining space beyond the allowable distance of 6' from the curb.

___ I will not host or allow outdoor music without securing a separate special event permit prior so as not to disrupt another performance at the same time.

___ I will always abide by ADA guidelines and maintain a clear sidewalk of at least 36".

___ I will not move or remove the barricades that outline my outdoor dining space or the ones blocking the street to vehicular traffic at any time.

___ I will keep my permitted space in a clean and orderly manner whether it is being used or not. I will not leave food, garbage or clutter outside that can attract pests and generally contributes to a negative perception of downtown Troy.

___ I have read and understand the attached Outdoor Dining Permit that provides me exclusive access to the parking spaces directly outside my establishment for the purposes of setting up outside dining for its guests. I agree to follow the terms and conditions of the permit and will instruct my employees to do the same. I acknowledge that the City of Troy intends to enforce the Outdoor Dining Permit, as is their expressed right, and if my establishment is found in violation of any of the included terms or conditions, the City may revoke my Permit at any time.

Signature of Permit Holder

Operating Entity

Date