CITY OF BELLEVUE
SIDEWALK DINING LICENSE APPLICATION

Applicant Information

Business Name: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____
Email Address: _____
Owner/Authorized Representative Name: _____
Title/Position: _____

Property Owner Information (if different from Applicant)

Owner Name: _____
Owner Mailing Address: _____
Owner Phone: _____
Owner Email Address: _____

Business Details

Type of Business: □ Restaurant □ Café □ Bar □ Other: _____
Current City Business License Number: _____
Liquor License Number (if applicable): _____

Proposed Sidewalk Dining Area

Address/Location of Sidewalk Dining: _____
Dimensions of Dining Area (length × width): _____
Number of Tables: _____
Number of Chairs: _____
Outdoor Furniture Type (tables, chairs, barriers, umbrellas, etc.):_____
_____
_____

Operational Details

Proposed Hours of Sidewalk Dining Operation: _____
Expected Number of Patrons: _____

Safety & Accessibility Measures

Will the sidewalk remain accessible for pedestrians at all times? □ Yes □ No
Will the area comply with ADA requirements? □ Yes □ No
Will barriers or railings be installed for safety? □ Yes □ No
Describe any additional safety measures: _____
_____
_____

Acknowledgment & Agreement
By submitting this application, the applicant agrees to comply with all City of Bellevue regulations (Chapter 122 of the Code of Ordinance) governing sidewalk dining, including but not limited to:

1. Maintaining a clean and safe dining area.
2. Keeping the sidewalk accessible to pedestrians and compliant with ADA standards.
3. Adhering to operating hours approved by the City.
4. Following all local, state, and federal laws, including health and safety regulations.
5. Carrying and maintaining liability insurance as required.

Applicant Signature: _____
Date: _____

For Official Use Only

Application Received By: _____
Date Received: _____
□ Approved □ Denied
Conditions/Comments:_____
_____
_____

Authorized Signature: _____
Title: _____
Date: _____