



# Temporary Outdoor Dining Application

City of Pinellas Park  
 Planning and Development Services  
 6051 78<sup>th</sup> Avenue North  
 Pinellas Park, FL 33781  
 (727) 369-5631

<u>OFFICE USE ONLY</u>
Date Received: _____
Approved: _____
Start Date: _____
End Date: _____

Restaurant Name: _____	
Restaurant Address: _____	
Proposed Outdoor Dining Start Date: _____	
End Date: up to 30 days from above Start Date (subject to State, County, or City regulations related to COVID-19) <i>Contact the City at <a href="mailto:jpoppe@pinellas-park.com">jpoppe@pinellas-park.com</a> or 727-369-5631 to request an extension beyond the above End Date.</i>	
Hours for Outdoor Dining: <i>Outdoor dining is restricted to normal restaurant hours.</i>	
Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____	
Property Owner Name: _____	Owner Phone: _____
Owner Email Address: _____	
Owner Mailing Address: (include city, state and zip code): _____	
Authorized Agent Name: _____	Relationship to Owner: _____
Authorized Agent Email Address: _____	Agent Phone: _____
Authorized Agent Address: (include city, state and zip code): _____	

**Required with submittal:**

1. Site plan for the property showing:
  - Restaurant (building) and any existing accessory structures
  - Parking area and current number of parking spaces
  - Location of ADA accessible parking spaces
  - Parking area entry and exit
  - Proposed location of designated outdoor dining area
  - Size of proposed outdoor dining area (length and width in feet)
  - Proposed number of tables and seats outdoors (must meet CDC social distancing guidelines)
2. Notarized Affidavit of Ownership (attached).
3. Authorized agent information on application and Affidavit of Ownership (if applicable).

# AFFIDAVIT OF OWNERSHIP

STATE OF FLORIDA - COUNTY OF PINELLAS:

NAME OF ALL PROPERTY OWNERS, being first duly sworn, depose(s) and say(s):

\_\_\_\_\_  
\_\_\_\_\_

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property:

RESTAURANT NAME: \_\_\_\_\_

RESTAURANT ADDRESS: \_\_\_\_\_

2. That this property constitutes the property for which an application is being made to the City of Pinellas Park, Florida for Temporary Outdoor Dining for up to 30 days or until full restaurant capacity is allowed by State requirements regarding COVID-19.

3. That the undersigned (has/have) appointed and (does/do) appoint \_\_\_\_\_ as (his/their) agent(s) to execute any petitions or other documents necessary to affect such application.

4. That this affidavit has been executed to induce the City of Pinellas Park, Florida, to consider and act on the above described property; to include City representatives to enter upon property to make inspections as are necessary to visualize site conditions and/or determine compatibility.

\_\_\_\_\_  
SIGNED (PROPERTY OWNER)

\_\_\_\_\_  
SIGNED (PROPERTY OWNER)

STATE OF FLORIDA COUNTY OF _____	The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20 ____.
	By _____, <i>(Name of person acknowledging and title of position)</i>
	who is personally known to me or who has produced _____ <i>(Type of identification)</i>
	as identification and who DID / DID NOT take an oath.
	Notary Public, Commission No. _____
(SEAL ABOVE)	_____ <i>(Name of Notary typed, printed or stamped)</i>