|  |  |  |
| --- | --- | --- |
| logo | Licensing and Regulation  1025 Union Ave SE  PO Box 43098  Olympia WA 98504-3098  Phone: 360 664-1600  Fax: 360 753-2710  [www.lcb.wa.gov](http://www.lcb.wa.gov) |  |
|  |  | License Number |
|  |  |  |
|  |  | Trade Name |
|  |  |  |
|  |  | UBI Number |

**ADDED ACTIVITIES AND ACKNOWLEDGMENT FOR**

**SIDEWALK CAFÉ SERVICE**

|  |  |
| --- | --- |
| **Added Activities Processing Information** | |
|  | Please review and sign this form. An unsigned form cannot be processed. |
|  | Submit this form and any required documents to the above address. |
|  | Number 2 below requires additional documents to be submitted with this form.  **Note:** *If you are an existing liquor licensee adding an outside service area* please direct your questions to Customer Service at 360-664-1600 |
|  | Please contact your city or county officials directly to obtain their required street use activity permits. |

I am submitting this form because I want to have Sidewalk Café service at my licensed location.

I understand the following requirements for having this service:

1. The sidewalk café area is for the exclusive use of the liquor licensee, who is also responsible for the conduct in this area.
2. The licensee will submit two sets of floor plans showing the existing premise with a doorway that leads from the inside of the premise into the outside of the service area. Professional blueprints are not required. The plan does not have to be drawn to scale.
3. The sidewalk café area must be enclosed with a barrier at least 42 inches in height, or approved demarcation.
4. Food must be available in the sidewalk café area when liquor is being served.
5. Alcoholic beverages must be prepared in the liquor service area inside the licensed premises.
6. The sidewalk café area must be occupied at **all** times by a designated employee responsible for the control of the area.
7. Lighting in the sidewalk café area must comply with WAC 314-11-055. The area cannot be darkened. Employees must be able to read patron ID and view patron behavior.

|  |
| --- |
| I certify by my signature below that I/we meet and will continue to maintain the above requirements as long as I/we hold the sidewalk café privilege. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name: |  |  | Date: |  |
| Signature: |  |  | Phone: | (     )–(     )-(     ) |
| Print Title: |  |  | E-mail |  |
|  | (for example, sole proprietor, corporate officer, partner, LLC manager or member.) | | | |