



**CITY OF URBANA  
SIDEWALK CAFÉ  
LICENSE RENEWAL APPLICATION**

FOR THE PERIOD  
\_\_\_\_/\_\_\_\_/\_\_\_\_ THROUGH \_\_\_\_/\_\_\_\_/\_\_\_\_  
AMOUNT DUE \$\_\_\_\_\_

PLEASE PRINT OR TYPE

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Urbana, IL 6180\_

STREET BOX NUMBER

Establishment Telephone: (\_\_\_\_) \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

STREET BOX NUMBER

CITY STATE ZIP

Corporate Telephone: (\_\_\_\_) \_\_\_\_\_

Health District Permit # \_\_\_\_\_

Hours of Operation: Indoor- \_\_\_\_\_

Outdoor- \_\_\_\_\_

Seating Capacity: Indoor- \_\_\_\_\_

Outdoor- \_\_\_\_\_

Store Manager Name: \_\_\_\_\_

Store Manager Signature: \_\_\_\_\_

Store Manager Telephone: (\_\_\_\_) \_\_\_\_\_

Proof of insurance is required as follows:

- Certificate of insurance in the Accord 25-S type format that lists the City of Urbana Public Works Dept., 706 S. Glover St., Urbana, IL 61802, as a certificate holder.
- Evidence of liability insurance in the amount of \$1,000,000 combined single-limit for bodily injury or death and property damage with a \$1,000,000 aggregate.
- The City of Urbana, its agents, and employees must be listed as an additional named insured with respect to general liability on the public right-of-way for the period listed above.

**Please return completed application,  
proof of insurance and the appropriate Fee to**



**City of Urbana  
Finance Department  
PO Box 219  
Urbana, IL 61803-0219**

**FOR OFFICE USE ONLY**

Business Number: \_\_\_\_\_ Renewal Fee: \_\_\_\_\_

License Number: \_\_\_\_\_ Processed By: \_\_\_\_\_

Next Renewal Date: \_\_\_\_\_ Date: \_\_\_\_\_