

		PLEASE PRINT OR TYPE			
Establishment Name: _					
Establishment Address: _				_Urbana, IL 61801	
Establishment Telephone: (STREET	1	BOX NUMBER		
Corporate Name: _					
•	STRFET		BOX NUMBER		
_					
	CITY)	·	STATE	ZIP	
Health District Permit # _					
Hours of Operation: I					
Ou	utdoor-				
Seating Capacity: I	ndoor-				
Ou	utdoor-				
Store Manager Name: _					
Store Manager Signature: _					
Store Manager Telephone: ()				
Proof of insurance is required	as follow	s·			
Certificate of insurance in the Acord 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.					
 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 Attn: Finance Department 400 South Vine Street Urbana, IL 61801

FOR OFFICE USE ONLY					
Business Account Number:	_ Renewal Fee:				
License Number:	Processed By:				
Next Renewal Date:	Date:				