



CITY OF  
URBANA

**SIDEWALK CAFÉ LICENSE RENEWAL APPLICATION**  
**CALENDAR YEAR 2020** **RENEWAL FEE: \$25.00**

PLEASE PRINT OR TYPE

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

Establishment Address: \_\_\_\_\_ Urbana, IL 61801

Establishment Telephone: (\_\_\_\_) \_\_\_\_\_  
STREET BOX NUMBER

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

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

Corporate Telephone: (\_\_\_\_) \_\_\_\_\_  
STREET BOX NUMBER  
CITY STATE ZIP

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 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  
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: \_\_\_\_\_