



OUTDOOR DINING PERMIT

CITY OF ALHAMBRA
DEVELOPMENT SERVICES DEPARTMENT
(818) 570-5034

Date Filed:	_____
Fee Paid:	_____
Receipt No.:	_____
Received By:	_____

1. Business Address: _____

2. Business Name: _____

3. Business Owner: _____

Mailing Address: _____
(Street) (City) (Zip Code)

Daytime Phone Number: () _____

4. Business Hours:	_____	_____	_____	_____	_____	_____	_____
	<small>Sunday</small>	<small>Monday</small>	<small>Tuesday</small>	<small>Wednesday</small>	<small>Thursday</small>	<small>Friday</small>	<small>Saturday</small>

Outdoor Dining Hours:	_____	_____	_____	_____	_____	_____	_____
	<small>Sunday</small>	<small>Monday</small>	<small>Tuesday</small>	<small>Wednesday</small>	<small>Thursday</small>	<small>Friday</small>	<small>Saturday</small>

5. Name of Applicant: _____

Daytime Phone Number: () _____

6. Property Owner: _____

Mailing Address: _____
(Street) (City) (Zip Code)

I have received a copy of Alhambra Municipal Code Chapter 23.61 (OUTDOOR DINING STANDARDS).
I have read, understand, and will comply with these standards.

7. Applicant's signature: _____ Date: _____

DO NOT WRITE BELOW LINE -- OFFICE USE ONLY

Comments: _____

Apprvd. Denied

- | | | | |
|--------------------------|--------------------------|-------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | Development Services Director | Date |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | Public Works Director | Date |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | Risk Manager | Date |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | City Manager | Date |

This OUTDOOR DINING PERMIT is valid from:

until the end of the business day of:
