



OFFICE USE ONLY	
Application No.	
Application Submittal Date	
Accepted By	

TEMPORARY OUTDOOR DINING PERMIT

Only for dine-in restaurants

Completed applications must be submitted electronically to: rudy.luquin@losbanos.org or by mail to:
Community and Economic Development Department 520 J Street, Los Banos, CA 93635

APPLICATION: (Check One) New Application New Joint Application
 Revision: TODP# _____ Revision to Joint TODP# _____

BUSINESS INFORMATION:

Business Name			
Business Location (Physical address including unit #)			
Mailing Address (If different from above)			City/State/Zip
Business Phone ()	Email		

BUSINESS OWNER INFORMATION (IF MORE THAN ONE OWNER, LIST ON SEPARATE SHEET OF PAPER):

Full Name			
Mailing Address			City/State/Zip
Cell Phone ()	Other	()	
Email Address			

PROPERTY OWNER PERMISSION:

Full Name			
Mailing Address			City/State/Zip
Cell Phone ()	Other	()	
Email Address			

Property Owner's Signature	_____	Date	_____
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PROPERTY OWNER'S AFFIDAVIT: I hereby certify under penalty of law that I am the owner of the above-referenced property and authorize the temporary outdoor restaurant operations as described herein.

TYPE OF APPLICATION (CHECK ALL THAT APPLY):

<input type="checkbox"/> Sidewalk Closures	<input type="checkbox"/> Parking Area Modification
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Street Closure (Identity Streets):

This application is hereby made for a temporary outdoor dining permit subject to the City Manager's (or designee) sole consideration and approval and in accordance with standards set by the State of California Department of Public Health, Merced County Department of Public Health, and in compliance with the City written guidance and best practices defined in the Reopen Merced County requirements.

_____ Primary Business Owner's Signature	_____ Print Name	_____ Date
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_____ Secondary Business Owner's Signature	_____ Print Name	_____ Date
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OFFICE USE ONLY

Los Banos Fire Department Review

Approved

Denied

Comments (Please use additional pages as necessary):

Department Reviewer:

Date

Los Banos Police Department Review

Approved

Denied

Comments (Please use additional pages as necessary):

Department Reviewer:

Date

Community & Economic Development Department Review

Approved

Denied

Comments (Please use additional pages as necessary):

Department Reviewer:

Date