



OUTDOOR DOG DINING AREA PERMIT APPLICATION

INITIAL PERMIT FEE: \$100
ANNUAL RENEWAL FEE: \$50

Please Return Completed Application To:
 Department of Development Support and Environmental Management
 Development Services Division
 435 North Macomb Street, 2nd Floor
 Tallahassee, Florida 32301

Applicant: _____ Phone: _____

Applicant's Mailing Address:

Street & Number	City	State	Zip Code
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Applicant's E-mail: _____

*If applicant is not the same as the owner, the applicant will need to complete the attached Ownership Affidavit and Designation of Agent Form

Check one: Initial Permit Annual Renewal *Renewals must be submitted by October 1st annually*

Name of Public Food Service Establishment: _____

Establishment Address:

Street & Number	City	State	Zip Code
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Physical Location (if different from mailing address): _____

Phone: _____

Public Food Service Establishment License #: _____

Days of the week/hours of operation that patrons' dogs will be permitted in the designated outdoor area:

Please attach a scaled diagram and description of the restaurant and outdoor area to be designated as available to patrons' dogs, including the following:

- Dimensions of the designated outdoor area
- Depiction of the number and placement of tables, chairs and restaurant equipment, if any
- All entryways to and exits from the designated outdoor area
- Boundaries of the designated area and any other areas of outdoor dining not available for patrons' dogs
- Existing fences or barriers
- Surrounding property lines and public rights-of-way, including sidewalks and common pathways

NOTE: The diagram should be accurate and to scale, but does not need to be prepared by a licensed design professional. Please also refer to the attached Fact Sheet and General Guidelines for more information.

The above information is required pursuant to Florida Statutes §509.33 in order to ensure the health, safety and general welfare of the public and is implemented by Section 10-6.818 of the Leon County Code of Laws.

Office Use Only:

Permit #: _____ Date Application Received: _____

Reviewer: _____