

Outdoor Dog Dining Application Permit Number: _____

*** Three (3) Sets of Site Plan Required ***

Community Development Dept. | 9220 Bonita Beach Road, Suite 111 | Bonita Springs, FL 34135 | Phone: 239 444 6150 | Fax: 239 444 6140

Pursuant to Florida Statutes §509.233, patron's dogs may be permitted within certain designated outdoor portions of public food service establishments in conjunction with approved outdoor dining subject to the approval of an outdoor dog dining permit.

 Name of application 	ant:		
STRAP Numbe	r:	B	·
Mailing Address	s: Street:		
City:		State:	Zip:
Phone Number	Area Code:	Number:	Ext
Fax Number:	Area Code	e: Number	··
E-mail:			
3. Relationship of	applicant to propert	ty:	
• • •		Lessee* omit a notarized Authori	zation Form from the owner to the applican
*If applicant is N Label the attach	NOT the owner, subnment "Exhibit 1".	omit a notarized Authori	
*If applicant is Nabel the attach C. Name of owner Mailing Address	NOT the owner, subnment "Exhibit 1". of property: s: Street:	omit a notarized Authori	
*If applicant is Nabel the attach C. Name of owner Mailing Address City:	NOT the owner, subnment "Exhibit 1". of property: s: Street:State: _	omit a notarized Authori	
*If applicant is N Label the attach C. Name of owner Mailing Address City: Phone Number	NOT the owner, subnment "Exhibit 1". of property: s: Street: State: t Area Code:	omit a notarized Authori	Zip:
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*If applicant is Nabel the attach C. Name of owner Mailing Address City: Phone Number Fax Number: E-mail:	NOT the owner, subnment "Exhibit 1". of property: s: Street: State: Area Code:	omit a notarized Authori	Zip: Ext
*If applicant is N Label the attach C. Name of owner Mailing Address City: Phone Number Fax Number: E-mail: D. Health Departm	NOT the owner, subnment "Exhibit 1". of property: s: Street: State: Area Code: Area Code:	omit a notarized Authori	Zip: Ext
*If applicant is N Label the attach C. Name of owner Mailing Address City: Phone Number Fax Number: E-mail: D. Health Departm E. Diagram of des	NOT the owner, subnment "Exhibit 1". of property: s: Street: State: Area Code: Area Code: ent License Number ignated outdoor dog	nmit a notarized Authoriced Number: Number: er: g dining area. Attach a	Zip: Ext

GENERAL EXPLANATORY NOTES

- **A.** For the purposes of the City of Bonita Springs Outdoor Dog Dining permit, the diagram and description of the outdoor area to be designated as available to patron's dogs must include the following:
 - 1. Dimensions of the designated area;
 - 2. A depiction of the number and placement of tables, chairs, and restaurant equipment, if any;
 - 3. Entryways and exits to the designated outdoor area;
 - 4. Boundaries of the designated area and of other areas of outdoor dining not available for patron's dogs:
 - 5. Fences and other barriers;
 - 6. Surrounding property lines and public rights-of-way, including sidewalks and common pathways, and
 - 7. Other information reasonably required by the City.

The diagram or plan (e.g., prints of electronic media with descriptions above marked) shall be accurate and to.

- B. Review and Approval:
 - Upon the submittal of the required documents and application fee to the Department of Community Development, the Director, or designee, shall review the application and, upon a finding that the required materials are in order and the requested permit will not hinder the general health, safety and welfare of the public, a permit shall be issued.
 - 2. The City may impose additional conditions as necessary in order to protect the health, safety and welfare of the community.
 - 3. The City shall provide the Florida Department of Business and Professional Regulation with a copy of all approved applications and permits issued, the City shall require that all applications, permits, and other related materials contain the appropriate Division issued license number for each public food service establishment.
- C. This permit is subject to LDC 2-3 et. seq. and Florida Statutes §509.233
- D. Revocation:
 - A permit may be revoked by the City if, after notice and reasonable time in which the grounds for revocation may be corrected, the public food service establishment fails to comply with any of the standards, any condition of approval, fails to comply with the diagram or plans, or fails to maintain any required state or local license.
 - 2. If the ground for revocation is a failure to maintain any of the required state or local licenses, the revocation may take effect immediately upon giving notice of revocation to the permit holder by the City.
 - 3. If revoked, an owner may not reapply for a period for 12 months from the date of revocation.
 - 4. Each instance of a dog on the premises of a public food service establishment without an outdoor dog dining permit is a separate violation.
- **E.** Transfer: A permit issued pursuant to this section shall not be transferred to a subsequent restaurant owner upon the sale of a public food service establishment but shall expire automatically upon the sale of

the establishment. The subsequent restaurant owner shall be required to reapply for a permit pursuant to this section if the subsequent restaurant owner wishes to continue to accommodate patrons' dogs.

F. Property Owner Withdrawal of Consent: The property owner may withdraw its consent to the permit at any time by submitting a letter instructing the City to cancel the permit. The letter must include evidence that the restaurant owner received notice of this withdrawal and the cancel date for the permit. The property owner may reinstate consent within thirty (30) days from the cancel date, otherwise, a new permit application must be submitted to accommodate patrons' dogs.

OWNERSHIP/AUTHORIZED AGENT AFFIDAVIT

I,, certify that I am the own described herein, and that all answers to the questions supplementary matter attached to and made a part of the knowledge and belief. I also authorize the staff of the Conormal working hours for the purpose of investigating and	s in this application and a his application, are hones ity of Bonita Springs to en	any sketches, data or other t and true to the best of my ster upon the property during
*** SIGN ONLY IN THE PRESEN	CE OF A NOTARY PUBLI	C ***
Signature:	Date:	
Printed Name:		
STATE OF FLORIDA, COUNTY OF LEE		
Sworn to (or affirmed) and subscribed before me this	day of	, 20 , by
(printed name o	f person making statement).
Personally Known: OR Produced Identification:	Type Produced:	
-	(Signature of Notary Po	ublic – State of Florida)

(Notary Seal)

(Name of Notary Printed, Typed, or Stamped)