

**BOROUGH OF WEST CAPE MAY**

**APPLICATION FOR USE OF  
PUBLIC RIGHT OF WAY**

**APPLICANT:**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Responsible Party for Applicant:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**The Applicant requests the use of the Public Right of Way listed below for Restaurant Seating:**

**Name, Location and Specific Dimensions of the Public Right of Way to be used for seating (include a map or drawing that depicts the Public Right of Way to be used):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the Public Right of Way adjoins a County or State roadway, approval from that public entity must also be obtained, and provided, in writing with this application.**

Note: The Municipality has the right, in its sole discretion, to deny, limit, or revoke the use of requested Public Right of Way when in the opinion of the Municipality the use presents a risk of unreasonable injury to persons or damage to the Public Right of Way, the property of the Municipality or others.

For the following use of the Public Right of Way (specify the number of tables and chairs to be placed in the Public Right of Way, and include a diagram of the placement of the tables and chairs in the Public Right of Way):

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on the following dates: \_\_\_\_\_

Specify the hours of use: From: \_\_\_\_\_ To: \_\_\_\_\_

Will Alcoholic Beverages be served? \_\_\_ Yes \_\_\_ No

If Yes, who will be serving the alcohol?

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If Yes, attach a copy of the liquor license, the liquor liability policy of insurance and an endorsement to the liquor liability policy of insurance which designates the municipality as an "additional insured".

\_\_\_ Attached

The Applicant has received a copy of the **Municipality Use of Public Right of Way Agreement** and agrees to execute and abide by and comply with the terms of that Agreement.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature