



Community Development Department – Planning Division  
1601 NW 136 Avenue, Sunrise, FL 33323 P: 954.746.3271 F: 954.746.3287

**For Official Use Only**

Date: \_\_\_\_\_

App. No.: \_\_\_\_\_

Pin No.: \_\_\_\_\_

Intake By: \_\_\_\_\_

Entered By: \_\_\_\_\_

**Outdoor Restaurant Seating Renewal Application**

Business Name: \_\_\_\_\_

Business Location (Address): \_\_\_\_\_

Sunrise, Florida \_\_\_\_\_ (zip code)

Business Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

Original License Approval Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_

1. Describe any change in use of the outdoor seating area since the last application was issued. If none, write “no change” in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_

2. Describe any change in ownership and/or management personnel of the facility since the last outdoor seating application was issued. If none, write “no change” in the space provided below.

\_\_\_\_\_  
\_\_\_\_\_

3. I understand that an inspection will be scheduled as part of this application. At that time I will provide evidence of:

- Valid business tax receipt,
- Alcohol beverage license
- Proof of liability insurance,
- Compliance with conditions outdoor restaurant and permit.

4. Include a check for the application renewal review fee of \$105.00 made out to The City of Sunrise or pay in person by cash or credit card (Visa, MasterCard or Discover).

**By signing this Outdoor Seating Application Renewal form I attest that all information contained herein is true.**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of person authorized to sign for Business

\_\_\_\_\_  
Title