



TEMPORARY OUTDOOR DINING

DOC NO. _____
APPROVED: _____

APPLICANT INFORMATION

BUSINESS NAME: _____

BUSINESS LOCATION ADDRESS: _____

BUSINESS TELEPHONE: _____ EMAIL: _____

DO YOU HAVE EXISTING OUTDOOR DINING AT YOUR RESTAURANT: ___ YES ___ NO

DESIRED LOCATION OF TEMPORARY OUTDOOR SEATING:

 ___ Business Parking Lot ___ Front / Rear / Side of Business

 ___ Other: _____

DESIRED SEATING OPERATING HOURS: S M T W TH F S TIME: _____ TO _____

Applicant's Name (Please Print)

Cellular Phone #

Signature

Date

*****PLEASE ATTACH A SITE PLAN*****

- Permitted Outdoor Dining Areas:** Outdoor temporary dining areas are only permitted on the place of the business property.
- Traffic / Pedestrian Walkways:** Placement of canopies, tents, or alike cannot interfere with vehicular traffic or pedestrian sidewalks.
- Canopies / Tents:** Will need to be installed and anchored thoroughly to the ground to prevent any damage or harm to customers dining at your outdoor area.
- Table Usage:** Must be a minimum of six (6) feet apart with a maximum of six (6) customers per table.
- Neighborhood Impacts:** The location, operation and hours cannot negatively impact adjacent properties (i.e. trash, debris, lighting, music, excessive vehicle traffic, etc.).
- Health & Safety:** All health & safety requirements mandated by the State of New Mexico shall be adhered to (i.e. facemasks, sanitizing, etc.).

FOR OFFICIAL USE ONLY DO NOT MARK IN THIS AREA <p style="font-size: 2em; color: lightgray;">[Date Stamp]</p>
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