

APPLICATION FOR TEMPORARY OUTDOOR DINING PERMIT IN THE B-1 HISTORIC BUSINESS DISTRICT

Business Name			
Business Address			
Business Owner's Name			
Business Owner's Phone			
Property Owner's Name			Email
Property Owner's Address			
Time restaurant is currently opened Hours: Weekday (N	•	_ Saturday and Sunday:	to
Dates and Times for Proposed Outdoor Dining Activities:			
Date: (month/date	e to month/date):	to	
Hours: Weekday (N	л-F) to	Saturday and Sunday:	to
Describe the setup for outdoor dinir (Photos are acceptable) Number of Tables		Maximum Number of Patro	
Attach a site plan of proposed outdoor dining facilities with setup indicated. Provide photograph of the location on the property where outdoor dining activities will take place. Submit a check for \$85 made payable to the Village of Long Grove.			
My signature indicates compliance Dining as a Temporary Use and Lice			ode 5-9-3 (3) regarding Outdoor
Property Owner Signature:			Date:
Business Owner Signature:			Date: