TOWN OF STONINGTON

TEMPORARY OUTDOOR DINING / OUTDOOR RETAIL CERTIFICATE APPLICATION

APPLICANT INFORMATION	
Business Name:	
Business Address:	
Applicant Name:	
Applicant Address:	
• •	pplicant Email:
Property Owner Name:	
Property Owner Phone: Pi	roperty Owner Email:
Serving Time: (Cannot exceed 9:00PM Sun-Thurs or 11:00PM Fri-Sat)	
From: To:	
Will alcohol be served?	
Occupancy:	
Approved # seats per zoning (including indoor):	
Will seats or retail displays be located on Town property, including any public Right-of-Way or public sidewalk? (6' of pedestrian clearance is required per Executive Order 7MM).	
For any outdoor seating or retail displays on Town property, please provide proof of insurance	
naming the Town as an additional insured.	
DESCRIPTION	
Outdoor Dining or Retail Display Description: (e.g. number and location of tables / chairs, garbage	
receptacles, tents, safety measures, fencing or other separation, social distancing measures, traffic or	
parking changes, efforts to mitigate impacts on neighboring properties, etc.) Please attach a site plan	
showing the location of these elements.	
SIGNATU	JRES
Applicant Signature:	Date
Applicant Signature:	Date:
Property Owner Signature:	Date:
	Date:
LOCAL ENFORCEMENT OFFICIAL	
Approval:	Date:
NOTES	
NOTES	
This application is for Expedited Municipal Review of Outdoor Dining and Retail by the "Local Enforcement Official" per State of Connecticut Emergency Order 7MM and the Stonington Planning and Zoning Commission's	
Temporary Policy Regarding Zoning Enforcement and Permitting During the COVID-19 Pandemic approved on	
5/12/20. Temporary outdoor seating and/or retail displays shall conform to the requirements of these and	
other relevant orders.	

Prior to re-opening, businesses are required to self-certify with the State at www.business.ct.gov/recovery