



Temporary Outdoor Dining Application

Town of Kenneth City
Building & Permitting Services
6000 54th Avenue North
Kenneth City, FL 33709
(727) 498-8948

OFFICE USE ONLY

Date Received: _____

Approved: _____

Start Date: _____

End Date: _____

Restaurant Name: _____

Restaurant Address: _____

Proposed Outdoor Dining Start Date: _____

End Date: 30 days from above Start Date (subject to State, County, or City regulations)

Contact the Town at building@kennethcityfl.org, or 727-498-8948 to request an extension beyond the above End Date.

Hours for Outdoor Dining:

Outdoor dining is restricted to normal restaurant hours.

Sunday _____ Monday _____ Tuesday _____

Wednesday _____

Thursday _____ Friday _____ Saturday _____

Property Owner Name: _____

Owner Phone: _____

Owner Email Address: _____

Owner Mailing Address: (include city, state and zip code): _____

Authorized Agent Name: _____

Relationship to Owner: _____

Authorized Agent Email Address: _____

Agent Phone: _____

Authorized Agent Address: (include city, state and zip code): _____

Required with submittal:

1. Site plan for the property showing:
 - Restaurant (building) and any existing accessory structures
 - Parking area and current number of parking spaces
 - Location of ADA accessible parking spaces
 - Parking area entry and exit
 - Proposed location of designated outdoor dining area
 - Size of proposed outdoor dining area (length and width in feet)
 - Proposed number of tables and seats outdoors
2. Notarized Affidavit of Ownership (attached).
3. Authorized agent information on application and Affidavit of Ownership (if applicable).

AFFIDAVIT OF OWNERSHIP

STATE OF FLORIDA - COUNTY OF PINELLAS:

NAME OF ALL PROPERTY OWNERS, being first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property:

RESTAURANT NAME: _____

RESTAURANT ADDRESS: _____

2. That this property constitutes the property for which an application is being made to the Town of Kenneth City, Florida for temporary Outdoor Dining.

3. That the undersigned (has/have) appointed and (does/do) appoint _____ as (his/their) agent(s) to execute any petitions or other documents necessary to affect such application.

4. That this affidavit has been executed to induce the Town of Kenneth City, Florida, to consider and act on the above described property; to include City representatives to enter upon property to make inspections as are necessary to visualize site conditions and/or determine compatibility.

SIGNED (PROPERTY OWNER)

SIGNED (PROPERTY OWNER)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20 _____.

By _____,
_____,
(Name of person acknowledging and title of position)

who is personally known to me or who has produced

(Type of identification)
as identification and who DID / DID NOT take an oath.

Notary Public, Commission

No. _____

(SEAL ABOVE)

(Name of Notary typed, printed or stamped)



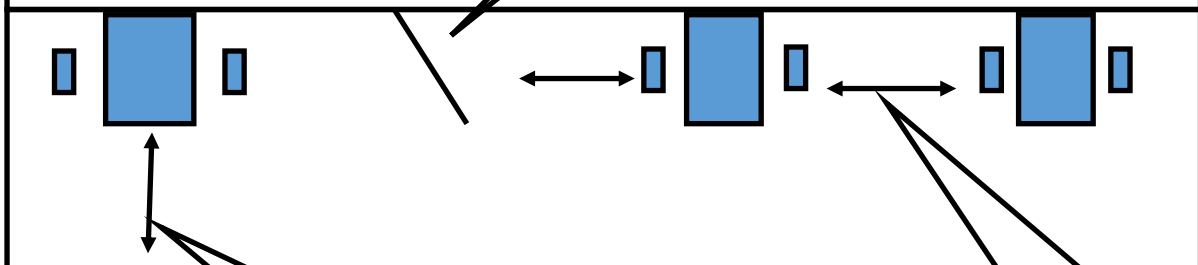
A SAFE, FRIENDLY SMALL TOWN

Sample Outdoor Dining Exhibit (COVID-19 and ADA Guidelines)

RESTAURANT



Restaurant Entry



48" minimum separation
between table/chair
edge and edge of side-
walk or curb (ADA
Guidelines)

6' minimum separa-
tion for each group
of tables/chairs or
entry (COVID-19)

