

RIVERSIDE COUNTY PLANNING DEPARTMENT

John Hildebrand Planning Director

REQUEST FOR TEMPORARY PERMIT FOR THE EXPANSION OF FOOD SERVICE

Application

Joint Application (Attach collaborating permit)

Category 1	Category 2	Category 3	Category 4
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Legal name of business					
Physical (business) address	City	State	Zip		
Business Owners Name	Phone	Email			

24-HOUR CONTACT INFORMATION:

Business <i>Print)</i>	Contact's	Name	and	Position	(Please	Signature	
Date						Phone (24 HR)	Email

PERMISSION FROM PROPERTY OWNER (IF APPLICABLE):

Property Owner's Name	Property Owner Addr	ess
City/State/ZIP	Phone (24 HR)	Email
Property Owner's Signature		Date
PROPERTY OWNER'S AFFIDAVIT: I hereby cert referenced property and authorize the temporary c	5 1 5	

Application is hereby made for a Temporary Permit for Expansion of Food Service to operate an outdoor business subject to the Assistant TLMA Director's (or designee's) sole consideration and approval and in accordance with standards set by the State of California, Riverside County Public Health, and in compliance with County requirements.

Signature of Applicant

Date

Category 1 - Self-Certification Checklist

Complete electronic set of the entire permit application package as defined in this document (Hard copies may be requested as needed)

Copy of Alcohol Beverage Control (ABC) licensing and Map <i>(if applicable)</i> Copy of the Additional Insured Certificate detailing the Outdoor Dining Area Summary of business and permit request Completed Application Form
Photos of proposed outdoor dining area showing all tables, chairs, aisles, and other requirements per the Program.
Site Plan or Site Map
Provide accurate drawings showing the business storefront, exit doors, storefronts adjacent to the business, and the full sidewalk, street, and parking area in the proposed permit area <i>(size and font must be legible)</i> .
Provide aerial or drawing indicating the proposed layout.
Indicate Fire Lanes, fire extinguishers, fire hydrants, Fire Department connections and post indicator valve.
Identify the exit doors and/or exit gates (If applicable).
All tents or membrane structures shall bear a California State Fire Marshal tag on each panel and/or provide certificate of flame-retardant treatment (<i>If applicable</i>).
Identify accessible route to outdoor dining area, show minimum 44-inch aisle widths and 5% accessible seating for each type of seating.
Identify proposed fence or barrier with gates (If applicable).
Identify Lighting source (If applicable).
Identify any proposed umbrellas.
Identify tent or membrane structures requiring a separate permit.

Con	nplete electronic set of the entire permit application package as defined in this document (Hard
	ies may be requested as needed)
Сс	opy of Alcohol Beverage Control (ABC) licensing and Map (if applicable)
Сс	ppy of the Additional Insured Certificate detailing the Outdoor Dining Area
Sι	ummary of business and permit request
Сс	ompleted Application Form
Tr	affic Control and/or Detour Plan (Category 4), as applicable
Sit	te Plan
	Provide accurate, dimensioned, scaled drawings/exhibit showing the business storefron
	storefronts adjacent to the business, and the full sidewalk, street, and parking area in th
	proposed permit area. Size and font must be legible.
	Provide dimensioned area proposed for the permit.
	Provide aerial indicating the proposed layout.
	Proposed tables, chairs, aisles to be placed within the proposed permit area shown and labeled
	Indicate Fire Lanes, fire extinguishers, fire hydrants, Fire Department connections and po-
	indicator valve.
	Identify the exit doors and/or exit gates (If applicable).
	All tents shall bear a California State Fire Marshal tag on each panel and/or provide certificate of
	flame-retardant treatment.
	Identify accessible route to outdoor dining area, show minimum 44-inch aisle widths and 50
	accessible seating for each type of seating.
	Identify proposed fence or barrier with gates (<i>If applicable</i>).
	Identify Lighting source (If applicable).
	Identify any proposed umbrellas.
	Identify tent or membrane structures requiring a separate permit.

FOR COUNTY OF RIVERSIDE USE ONLY				
Plan No:				
Set ID No., if applicable		Application Filing Date:		
Print staff name and title:				

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