



**TOWNSHIP OF HANOVER
CODE ENFORCEMENT
P.O. BOX 250
1000 ROUTE 10
WHIPPANY, NJ 07981
PHONE: 973-428-2462 FAX: 973-515-6696**

TEMPORARY OUTDOOR DINING APPLICATION FORM

PART I. APPLICANT AND OWNER INFORMATION

- A. Applicant Name _____
- B. Applicant Mailing Address _____
(incl. number, street, post office and zip code)
- C. Applicant Telephone _____ Fax _____ Email _____
- D. Emergency Contact Name _____ Telephone _____
- E. Property Owner's Name _____
- F. Property Owner's Mailing Address _____
(incl. number, street, post office and zip code)

PART II. PROPERTY INFORMATION

- A. Street Address of Property _____
(incl. number, street, municipality; this may be different than mailing address)
- B. Tax Map Block Number(s) _____ Lot Number(s) _____
- C. Name of Existing Establishment Operating the Outdoor Dining Facility

- D. Other Existing Use(s) on the Property (if any) _____

- E. Is Property Adjacent to a Residential Property?
(Check one) YES NO (if "yes," show location on layout plan)

PART III. OUTDOOR DINING FACILITY INFORMATION

A. Days and Hours of Operation

	Open (per Township Code)	Closed (must be no later than 10 p.m.)
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

B. Will the establishment provide take-out service at the same time as the outdoor dining?

(Check one) YES NO

C. Will the establishment be serving or selling alcoholic beverages at the facility?

(Check one) YES NO (if "yes," submit Expansion of Premises Permit from the NJ Division of Alcoholic Beverage Control, if applicable)

D. Proposed Improvements, Equipment, Etc.

Number of Tables (max.) _____ Number of Chairs (max.) _____
(show on layout plan) (show on layout plan)

Number of Tents, Canopies, Umbrellas, Awnings _____
(Note: Enclosed tents/areas are not permitted) (show on layout plan)

Heaters, Cookers, Blowers, Other Equipment? (Check One) YES NO
(if "yes," show on layout plan)

Barrier(s)? (Check One) YES NO
(fencing, bollards, railings, roping, chains, etc.) (if "yes," show on layout plan)

Outdoor Lighting? (Check One) YES NO
(must not cast glare) (if "yes," show on layout plan)

Outdoor Music (live or recorded)? (Check One) YES NO
(must not be nuisance to area business, residents or public) (if "yes," show on layout plan)

Above-ground Wiring for Lights, Equipment? (Check One) YES NO
(if "yes," show on layout plan)

Bathrooms Provided? (Check One) YES NO
(if "yes," show on layout plan)

Number of Parking Spaces Available _____
(show parking spaces on layout plan)

PART IV. SIGNATURE

The undersigned applicant does hereby certify that all the statements contained in this application, and all of the information depicted on the layout plan submitted with this application, are true to the best of my knowledge.

Applicant/Appellant
(print/type name of person signing application)

Applicant/Appellant Signature

Date