



Town of St. Michaels
300 Mill Street
P.O. Box 206
St. Michaels, MD 21663

Application # _____
Date: _____
Date of Issuance: _____

Sidewalk Dining Permit Application
Valid from January 1, 2019 through December 31, 2019

Business Manager: _____
Mailing Address: _____
Phone #: _____ Email Address: _____ Fax#: _____

Name of Business: _____
Location of Business: _____
Phone #: _____ Email Address: _____ Fax#: _____

Property Owner: _____
Mailing Address: _____
Phone #: _____ Email Address: _____ Fax#: _____

ALONG WITH THIS APPLICATION, PLEASE SUBMIT A SITE PLAN WITH TABLE AND CHAIR LAYOUT.

Limited to 2 top tables only. All tables, chairs and signage and customer service must be beyond the 4 ½' pedestrian corridor and entirely within the privately held property on which the business is located.

Applicant(s) Signature: _____ Date: _____

Zoning Inspector: _____ Date: _____