

Letter of Authorization for Sidewalk Café and Dining Permit

Owner/Agent

Tenant

Property Address

Authorized Representative

Phone Number

Phone Number

Email Address

Email Address

Contact Name (if different than above)

As owner(s), I/we verify the sidewalk café/ROW Dining permit will only be operated by a licensed food-service establishment as defined by King County Board of Health code 5.04.290 and authorize:

Tenant/Authorized Representative

to act as Permittee for the City of Bellevue Sidewalk Café and Dining Permit for the property located at: _____, including the execution of an Indemnification and Hold Harmless Agreement with the City of Bellevue.

Owner's Signature: _____

Owner's Printed Name: _____

Date: _____

In the event of a change in ownership, Tenant shall notify the City of Bellevue and obtain an updated Letter of Authorization.

Tenant's Signature: _____

Tenant's Printed Name: _____

Date: _____