



TEMPORARY OUTDOOR DINING PERMIT APPLICATION

HILLSBOROUGH TOWNSHIP
Hillsborough Municipal Complex
The Peter J. Biondi Building
379 South Branch Road
Hillsborough, NJ 08844
www.hillsborough-nj.org
(908) 369-4313, Ext. 7106

- THERE IS NO FEE FOR THIS APPLICATION -

Applicant Information (Please check one point of contact)	
Property Owner <input type="checkbox"/> Point of Contact	Business Owner <input type="checkbox"/> Point of Contact
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Preferred Delivery: <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail, Provide: _____	

Location Information	
Name of Establishment: _____	
Address: _____ (If applicable, please include building and suite #)	
Block: _____	Lot: _____ Zone: _____ (Note: Please leave Block, Lot & Zone if unknown)

This application must include a sketch of the proposed outdoor area, to scale as best as possible, depicting the dining area (including tables and chairs), sales areas (including display tables and registers), temporary structures, parking, vehicular and pedestrian traffic flow, physical barriers, signage and lighting.

The proposed outdoor dining area must meet the following standards:

- Tables and chairs cannot impede accessibility, pedestrian walk, travel ways, vehicular traffic or fire lanes.
- Executive Directive No. 20-014, Section 1c., Limits seating to a maximum of eight (8) customers per table and requires seating to be arranged to achieve a minimum distance of six feet (6 ft) between parties. **Note: Six-foot radius from the chair of one table (party) to any chair of another table (party).**
- Prohibit smoking in any outdoor areas designated for the consumption of food and/or beverages.

Have you read Executive Directive No. 20-014 entitled Covid-19 Protocols for Food or Beverage Establishments Offering Service in Outdoor Areas Pursuant to Executive Order 150, and do you propose as part of this application to adhere to all of the mandated protocols in Section 1, impose requirements on employees in Section 2, and institute policies with respect to customers in Section 3? Yes / No

By signing this application, you are certifying that the above stated information is accurate and the documentation submitted with this application is a true representation of the property with the exception of anything proposed by this application and if applicable, that you verified that your liquor license permits serving of alcohol outdoors. Furthermore, you are acknowledging that this application is temporary relief to support business operations while applicable COVID-19 restrictions are in effect due to State Executive Orders, or other Federal or State requirements are imposed due to the COVID-19 pandemic. Any approval ultimately granted is subject to change whenever a new Executive Order, or Federal or State requirements are added or changed. The Zoning Officer and other Officials deemed appropriate reserve the right to inspect the property if approved to verify compliance with the authorized zoning permit.

Property Owner Signature & Name: _____ Date: _____
(REQUIRED – Please sign and print)

Applicant Signature & Name (if different): _____ Date: _____

OFFICIAL USE ONLY:

Date Received: _____ ZPAN #: _____ Decision Date: _____ Deadline Date: _____
 Zoning Review: _____
 Health Review: _____
 Fire Safety Review: _____
 Police Review: _____