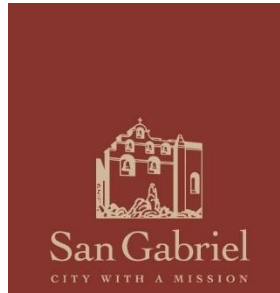


聖蓋博市
臨時戶外經營許可證計畫
指南和申請

(City of San Gabriel Temporary Outdoor Business Permit Program)



聖蓋博市

Community Development Department (社區發展部)

425 South Mission Drive San Gabriel, CA 91776

(626) 308-2806 | SanGabrielBusiness@sqch.org

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聖蓋博市正在接受戶外經營區域，和/或專用車道或路邊提取或供應外賣指定停車區域的臨時許可申請，以幫助企業以安全方式為客戶提供便利，並遵守 Los Angeles County Department of Public Health (洛杉磯縣公共衛生部) 在 COVID-19 疫情期間出於健康考慮發佈的社交距離協議。經批准的申請許可期限為 90 天，信譽良好且遵守計畫指南的企業可選擇延期 60 天。

在提交申請前，請在考慮戶外餐飲或零售時查看以下指南。市政工作人員將逐個審查和批准這些申請，以確保它們符合當地和州法律。請在提交申請時一併提交一份總平面圖以供審查，以及任何相關文件，例如將使用的固定障礙物相關資訊、用於專用車道或路邊提取指定區域的樣品標識或停車位指定樣品標記。

安全性

- 所有出口門必須保持暢通。障礙物不得是永久性的，且必須在緊急情況下易於移動。
- 持證人有責任保持該區域內和周圍在任何時候均無任何危險。
- 與消防栓和其他高於地面的基礎設施保持 3 英尺淨距。
- 如果營業時間持續至黃昏後，要提供充足的照明，並在申請表上注明。
- 任何傘的淨高距離必須至少為 7 英尺，且不得伸出至已批准區域外。
- 任何戶外傢俱必須針對戶外使用而設計和製造。
- 如果室外就餐區擬設在停車位或停車場內，或者如果該店將在室外提供酒精飲品，則需要設置固定障礙物 (參見下方「酒精飲品指南」中的內容) 。

可達性

- 服務和收銀台應符合 American Disabilities Act (ADA，美國殘疾人法案) 的要求：
 1. 距地板的高度不超過 34 英寸，且
 2. 進場空間淨面積至少為 3 英尺 x 4 英尺 (3' x 4')，且

3. 放置於水準地面 (所有方向最大橫向坡度小於 2%)

- 在已批准區域內提供至少一處 ADA 無障礙座位位置。
- 任何電氣延長線在申請表上都應列在「設備」項下，計量尺寸最小為 12、接地，且適合戶外使用。
- 任何電氣裝置都應是 UL 列出的設備。
- 任何可攜式暖氣機都應是 UL 列出的設備。
- 必須沿人行道保留一條 ADA 的通徑。

其他酒精飲品指南

- 在得到加州 Department of Alcoholic Beverage Control (ABC，酒精飲品控制部) 批准的情況下，擁有現行酒精飲品許可證的餐廳將可以在批准區域內供應酒精飲品。
- 如果供應酒精飲品，Alcoholic Beverage Control 要求設置固定障礙物。障礙物：
 - 高度必須至少為 42 英寸，左側橫向阻力最少為 50 磅，欄杆之間間距不超過 4 英寸 (如果提供)。材料必須適合戶外使用。
 - 不得損壞人行道。
 - 任何物品的腳部、腿部或架子均不得伸出至已批准區域外。
 - 不得有尖角。
 - 不得阻礙人行道的 ADA 通徑或 ADA 進入大樓的入口。
 - 不得覆蓋或阻礙通向人行道上任何公用事業存取點的通道。

持證人必須提供責任保險，並將聖蓋博市列為額外投保方，以**保佑**該市免於賠償在批准的戶外經營區域內或因該區域發生的任何事故。**許可證持有人必須徵得其房東或法定代表的同意，並隨申請書一起向市政府提供書面同意書的副本。**如果經營地點有多家店面，建議房東向為所有租戶一起提交。持證人瞭解，聖蓋博市將隨機檢查批准的戶外餐飲/零售區域，以確保其持續遵守上述所有指南，並將調查顧客、鄰近商戶或居民的所有投訴。違規行為將導致適當程度的執法，包括但不限於：口頭警告、書面警告、傳訊、許可證不得續期或予以撤銷，以及法律訴訟。

**CITY OF SAN GABRIEL
TEMPORARY OUTDOOR BUSINESS PERMIT PROGRAM APPLICATION**

City of San Gabriel, Community Development Department
425 South Mission Drive San Gabriel, CA 91776
(626) 308-2806 | SanGabrielBusiness@sgch.org

BUSINESS APPLICANT INFORMATION

Business Name: _____

Business Address: _____

Business Owner First and Last Name: _____

Telephone: _____ Email: _____

Days of Operation: M Tu W Th F Sa Su

Hours of Operation: M ____ Tu ____ W ____ Th ____ F ____ Sa ____ Su ____

APPLICATION CHECKLIST

Does your insurance provide coverage for the entirety of your property? Yes No

- If yes, will it cover the extended use of the outdoor dining? Yes No
- Will you add the City of San Gabriel as an additionally insured party on your insurance to include the approved outdoor dining or retail area? Yes No

Will you be service alcohol in the approved area? Yes No

- If yes, what types?

Do you intend to use part/all of your necessary parking spaces for the area? Yes No

- If yes, do you have enough overflow parking to accommodate the displaced parking spaces?

Are you interested in designating a drive-up/ curbside pick-up or take-out area in front of or near your business? Yes No

What is your maximum capacity for the outdoor area? _____ persons

What are your business days and hours?

Will your use of the approved outdoor area be the same as your business days and hours?
Yes No

- If no, what will the days and hours of use of the outdoor area be, if different from your business hours?

Are you the property owner? Yes No

- If no, please provide written consent of landlord for outdoor business area use or have landlord sign application, below.

DINING: How many ADA accessible seats will you provide in your outdoor area? _____

Please submit a site plan showing the intended area, all outdoor furniture to be used, including all tables, chairs, umbrellas, service counters. Plan to show measurements of slope, clearance for ADA accessibility, and identify exit doors from property.

BUSINESS IN GOOD-STANDING REQUIREMENT – City staff will verify accuracy of all answers.

Does your business have an active City of San Gabriel Business License? Yes No

Does your business have any unresolved municipal code violations? Yes No

Does your business have any unresolved law enforcement violations? Yes No

Does your business have a history of municipal code or law enforcement violations? Yes No

I/We HEREBY CERTIFY that the aforementioned facts are true and correct.

Applicant's Signature: _____ Date: _____

Applicant's Name (print): _____

If applicant is not the property owner, please provide landlord or legal representative consent below, or submit written and signed consent with application. It is recommended that landlord submit for all tenants if property is a multi-tenant property.

Landlord/ representative Signature: _____ Date: _____

Landlord/ representative Name (print): _____

Landlord/representative Contact Information:

Telephone: _____ Email: _____

Sample Site Plan

