



**TOWNSHIP OF CENTRE WELLINGTON
2020 SIDEWALK PATIO/CAFÉ
Encroachment Agreement**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

ENCROACHMENT LOCATION: (roadway/sidewalk)

APPLICANT INFORMATION	
NAME OF BUSINESS:	
ADDRESS:	
CONTACT NAME:	
PHONE:	
E-MAIL:	
PLEASE SPECIFY:	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER:

PROPERTY OWNER INFORMATION	
PROPERTY OWNER:	
ADDRESS:	
CONTACT NAME:	
PHONE:	
E-MAIL:	

PROVIDE/SUBMIT:

- A certificate of Liability Insurance in the amount of \$2,000,000.00 naming the Township of Centre Wellington as additional insured and/or County of Wellington if applicable Initial _____
- Signed Encroachment Agreement and 'Schedule A' diagram (illustration of patio layout with dimensions of encroachment) Initial _____

The above organization accepts full responsibility for any suits, actions or damages that may arise or be taken against the Corporation of the Township of Centre Wellington by reasons of or in connection with this encroachment.

The encroachment shall be permitted on municipal sidewalks from April 15th to October 31st (inclusive) of each year.

I have authority to sign this form which commits the above mentioned organization to the above terms and conditions.

Applicant (Print)

Applicant (Signature)

Date of Application