



**Community Development Department  
Planning Division**

8650 California Avenue  
South Gate, CA 90280  
Phone: (323) 563-9514

Permit # \_\_\_\_\_



**TEMPORARY OUTDOOR EXPANSION PERMIT APPLICATION**

All Permit Applications must be submitted with a site plan and a copy of Certificate of Insurance. In addition, a copy of the proprietor's Alcoholic Beverage Control license or approval from a regulatory agency may also be required. All required materials must be submitted before a permit can be issued. Upon receipt of a complete application and required attachments, the initial review typically takes ten (10) business days.

**CHECK ONE:**

- EXTENSION REQUEST WITHOUT CHANGES
- EXTENSION WITH CHANGES
- NEW REQUEST

**CHECK ONE:**

- ALCOHOLIC BEVERAGES TO BE SERVED IN OUTDOOR DINING AREA (attach ABC authorization)
- NO ALCOHOLIC BEVERAGES TO BE SERVED IN OUTDOOR DINING AREA
- NON-DINING OUTDOOR EXPANSION TYPE: \_\_\_\_\_

Applicant (Name of person): \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of Business/Type of Business: \_\_\_\_\_

On-Site Contact Name(s): \_\_\_\_\_

On-Site Phone Number: \_\_\_\_\_

Description of Outdoor activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Seats/Tables (if applicable): \_\_\_\_\_ Total Square Footage of Expansion Area: \_\_\_\_\_

By signing this application below, I hereby certify that I am either the owner of record of the named property, or the owner of record authorizes this application. I, my heirs, successors and assigns agree to indemnify and hold harmless the City of South Gate and all City employees, agents, and officers from responsibility, damage or liability on account of injury or damage to persons or property growing out of or directly related to the use of City sidewalks or property. I agree to conform to all applicable federal, state and local laws of this jurisdiction. I authorize a City official to enter all areas of the right of way covered by my issued permit, at a reasonable hour, to inspect and enforce the code provisions applicable to this issued permit. I understand this permit is authorization for temporary use of an outdoor expansion and if the outdoor expansion area includes the public sidewalk or City property, such will be used for approved purposes only, and the issuance of this permit does not confer or convey any property rights to my business or me. The City of South Gate reserves the right to revoke this permit, at any time, with or without cause at the discretion of the Director of Community Development or his designee.

\_\_\_\_\_  
*Print Name of Applicant*

\_\_\_\_\_  
*Print Name of Property Owner, if different than Applicant*

\_\_\_\_\_  
*City and State*                                  *Zip Code*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*Phone Number*

**Approved by:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Community Development Director                                  Date                                  Expires (fill in date)