

OUTDOOR BUSINESS APPROVAL

Form must be signed and posted in a visible location on site.

Applicant

Business Name

Address

Hours of Operation

Business Type

- ☐ Restaurant
 ☐ Gym/Fitness class
 ☐ Nail Salon
 ☐ Faith-based
☐ Brewery/Winery
 ☐ Hair Salon/Barber
 ☐ Personal Services (specify) _____

Equipment to be Used:

- ☐ Canopy/Tent Size _____ Quantity ____
☐ Amplified Music
 ☐ Electricity
 ☐ Lighting
 ☐ Propane Heaters Size _____ Quantity ____

Applicant agrees to:

- Comply with all provisions of City of Oxnard Director Order No. 20-10;
- Maintain Americans with Disabilities Act accessibility;
- Follow all Ventura County Department of Public Health orders and Environmental Health regulations;
- Follow relevant Department of Alcohol Beverage Control regulations;
- Comply with all Cal/OSHA requirements.
- Comply with all CA Board of Barbering and Cosmetology Outdoors Services Guidance.
- Comply with all relevant State licensing regulations and industry guidance.
- Comply with the California Governor's Executive Order on Actions in Response to COVID-19

I FURTHER AGREE TO HOLD THE CITY OF OXNARD ("CITY") HARMLESS FROM ANY CLAIMS, DEFENSE AND LEGAL COSTS, JUDGMENTS, DAMAGES, OR OTHER RELIEF AGAINST THE CITY AS A RESULT OF ACTS, OR OMISSIONS, BY ME OR MY EMPLOYEES, AGENTS, CONTRACTORS OR REPRESENTATIVES, IN THE PERFORMANCE OF ANY ACTIVITIES PERMITTED HEREUNDER, WHETHER THE CONDITION GIVING RISE TO THE CLAIM OR JUDGMENT WAS CREATED IN WHOLE, OR IN PART, BY ME OR MY EMPLOYEES, AGENTS, CONTRACTORS OR REPRESENTATIVES.

Date
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FOR OFFICE USE ONLY

Signature of Applicant
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- ☐ Applicant has permission from property owner of premises to be used.
☐ Applicant has received approval of site plan.
☐ Applicant has authorization from Department of Alcohol Beverage Control and City of Oxnard Alcohol Compliance Specialist to serve alcohol outdoors.
☐ Applicant will not serve alcohol outdoors.

I grant permission to applicant listed above to temporarily set up their business outdoors pursuant to Director Order #20-10.

Signature of Community Development Director

- ☐ Fire Department has performed business site inspection. _____
 Fire Department Signature
☐ Code Compliance has performed COVID-19 compliance inspection.

Signature of Code Compliance Officer