



EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

**TEMPORARY OUTDOOR SEATING REQUEST
COVID-19 PLAN REVIEW REQUEST**

BRANFORD

Name of Establishment: _____

Address: _____

Owner's Name: _____

Phone (cell) Number: _____ Email: _____

After Hours Contact Information (Name/Phone): _____

CFPM Name: _____

CFPM Phone (cell) Number: _____ Email: _____

Proposed start date: _____ Proposed hours of operation: _____

Hours of operation allowed by State – Sunday – Thursday until 9:00PM. Friday & Sat until 11:00 PM

TYPE OF APPLICATION:

_____ Restaurant with existing temporary approved outdoor dining.

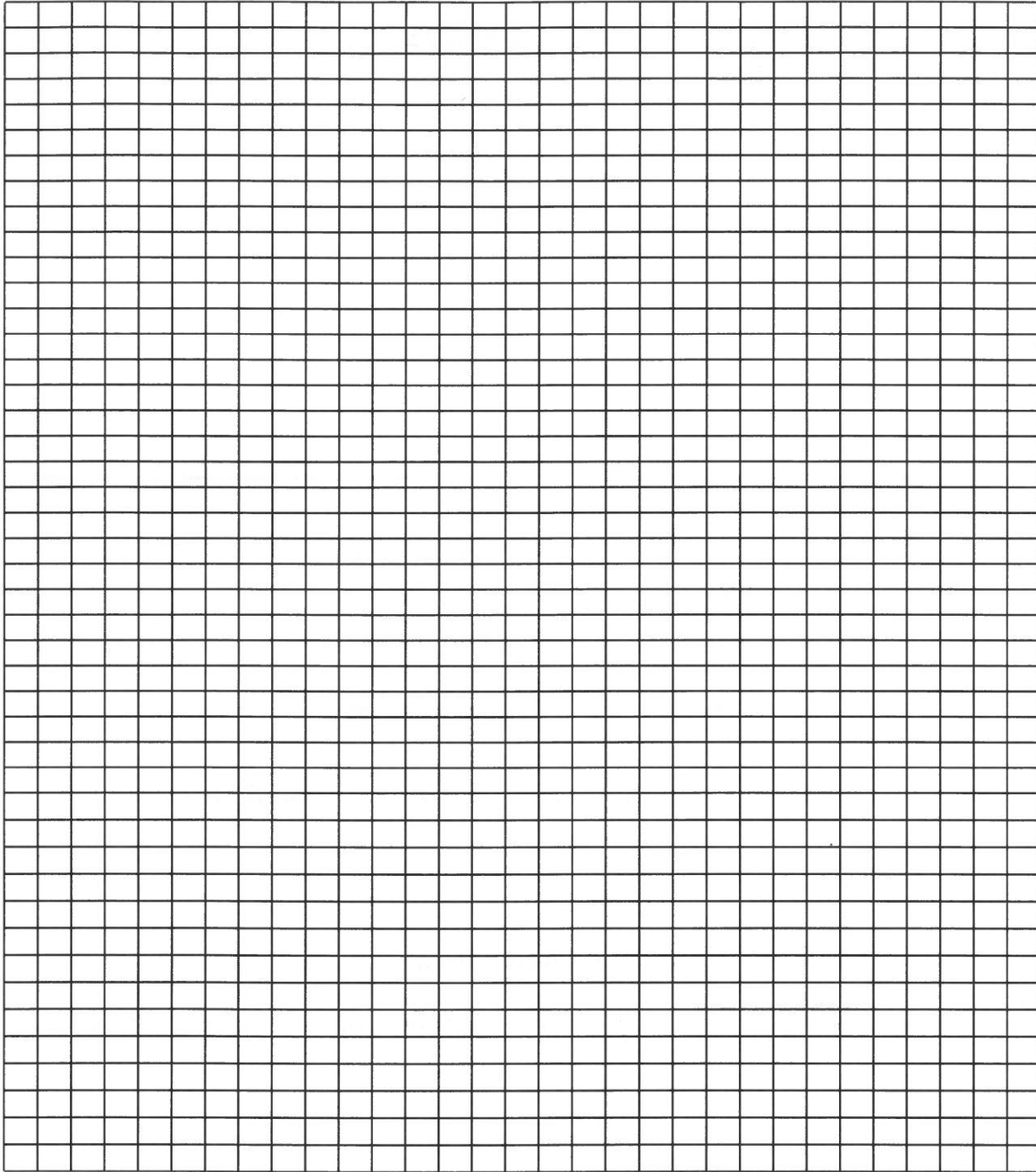
_____ Restaurant without existing outdoor dining or seating expansion requests, require additional town approval.

_____ Number of existing indoor seats _____ Number of existing outdoor seats

_____ Number of outdoor seats requested (not to exceed 50% of town approved existing occupancy).

Submit this form with the completed ESDHD Outdoor Seating Review Checklist and a copy of the DECD certification badge to ESDHD for approval.

Detailed diagram of proposed seating area: Show traffic flow, distance between tables (chair to chair), outdoor trash, hand sanitizer stand. Include 6' separation markers on the ground.



I attest that the above information is accurate to the best of my knowledge. Please refer to the temporary outdoor dining checkoff list for guidance.

Signature of Owner: _____

Site plan approval by ESDHD:

ESDHD: _____

Date: _____

This authorization expires when the Governor's Executive Order expires.