



LICENSE NO: \_\_\_\_\_

10040256

SC10-02

LS: 10-0258

**SIDEWALK CAFE LICENSE APPLICATION**

STREET KITCHEN

Street Cafes, Inc.

Name of Business with Sidewalk Cafe (include d/b/a if applicable)

982 Canton STREET

Roswell, GA 30075

Location (Street and Suite #)

City State Zip

Description of location for the utilization of a Sidewalk Cafe:

Front of Building

Ownership

☐ Proprietorship;☒ In-town☐ Partnership;☐ Out-of-state☒ Corporation12  
No. of tables24  
No. of ChairsDate 4/2/2010  
Beginning of sidewalk cafe  
within City of Roswell

Street Cafes, Inc.

Kellie Clark

Owner Name (Company and/or Individual - Please print)

Mailing Address (if other than above)

678-682-3222

Business Phone

404-981-5499

Cell or Home Phone

Fax Phone

12/20/1963  
Date of Birthkellieclark64@  
yahoo.com  
E-mail

City State Zip

20111500935  
Fed. ID No./Employee Identification No.

**STATEMENT OF CONFIDENTIALITY:** Information provided by a business or practitioner to the City of Roswell for the purpose of determining applicability is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the *Official Code of Georgia*.

**APPLICANT AFFIDAVIT:** I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for the Licensing of Sidewalk Cafe in the City of Roswell. Any false statement on this application automatically voids this license.

Kellie Clark  
Signature of Business Owner or Owner's Representative

Date: 4/2/2010

Title

Office Use Only:

Fee: \$

Amount paid: \$

Date: / /

☐ Cash ☐ Check # ☐ CC Visa MC

Approved By: \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: / /

**Business Questionnaire - For use in the licensing of Sidewalk Cafes**

1. If the business requesting the license is a Sole Proprietorship or a Partnership, provide the names, home addresses, date of birth and driver's license information for each individual owner. If the business is a Corporation, a Limited Liability Corporation or a Limited Liability Partnership, then list the name and business address of the registered agent for the business entity and the name and title of the president, CEO, or managing partner.

Name \_\_\_\_\_ Title (President) \_\_\_\_\_

Abby Clark

Home Address \_\_\_\_\_

365 Howe Way

Home Phone Number \_\_\_\_\_

678-226-9353

Date of Birth \_\_\_\_\_

1/12/89

Name \_\_\_\_\_ Title (Vice President) \_\_\_\_\_

Kellie Clark

Home Address \_\_\_\_\_

365 Howe Way

Home Phone Number \_\_\_\_\_

678-226-9353

Date of Birth \_\_\_\_\_

12/20/43

Name \_\_\_\_\_ Title \_\_\_\_\_

Artie Zumbro

Registered Agent

Home Address \_\_\_\_\_

404-661-5425

Home Phone Number \_\_\_\_\_

2300 Bradford Lane

Date of Birth \_\_\_\_\_

5/5/1959

1.) Proof of insurance ☒ Yes ☐ No

Coverage: 2,000,000 liability

Company: Supriem

Expiration Date: 4/1/11

2.) Business registration verification: ☒ Yes ☐ No

Registration No: 13998

3.) Fulton County Health Department certification - copy ☒ Yes ☐ No

4.) Liquor License - copy ☒ Yes ☐ No

[Signature]  
Applicant Signature: Business Owner or Owner's Representative/Title

Date: 4/2/2010  
RECEIVED  
City of Roswell  
APR 16 2010  
Community Development Dept.





## Sidewalk Café Occupancy Fire Inspection Form

EMERGENCY SERVICES CONTACT INFORMATION. THIS FORM MUST BE FILLED OUT COMPLETELY.

Street Kitchen			
Name of Business		Roswell, GA 30075	
982 Canton ST		City	State Zip
Business Street Address Suite/Apt. #			
STREET Cafes, Inc. Kellie Clark			
Name of Business Owner (Company and/or Individual - Please print)			
678-682-3222 404-781-5499		Kellieclark64@yahoo.com	
Business Phone		Emergency Phone	Cell Phone
Restaurant		3 1/2 ft x	
Type of Business (Explain)		Size of area in sq. feet, or Dimensions	
Hazardous or flammable materials stored on site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:			

### IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT:

Kellie Clark			
First Contact		Roswell, GA 30076	
365 Howe Way		City	State Zip
Home Street Address Suite/Apt. #			
678-226-9353 404-781-5499			
Home Phone		Cell Phone	
Abby Clark			
Second Contact		Roswell, GA 30076	
365 Howe Way		City	State Zip
Home Street Address Suite/Apt. #			
678-226-9353 404-781-5152			
Home Phone		Cell Phone	
Douglas Curling			
Name of Building/Property Owner		Roswell, GA 30075	
1060 Canton Street		City	State Zip
Home Street Address Suite/Apt. #			
678-480-4158 dougcurling@gmail.com			
Home Phone		Cell Phone E-mail	

### TO BE COMPLETED BY THE FIRE DEPARTMENT

Date Last Inspection Approved: ____ / ____ / ____	Sq. Ft. ____
The Roswell Fire Department recommends that a License for a Sidewalk Café be issued for the business listed at the address as stated above.	
Date: ____ / ____ / ____	Approved by Fire Inspector - Signature & Title

## Sidewalk Café License Fee Schedule





<input checked="" type="checkbox"/> Application for Sidewalk Café License Registration fee	\$ 300.00
<input type="checkbox"/> Changes or additions to original license	\$ 100.00
<input type="checkbox"/> Annual renewal with no changes	\$ 50.00
<input type="checkbox"/> Change of Name and Address	No Fee

Fees are payable to the City of Roswell.

## Contact Us

For general questions regarding the application process, or to schedule an application review for a sidewalk café license contact between the hours of 8:00 a.m. to 5:00 p.m.:

**City of Roswell**  
**Community Development Department**  
38 Hill Street, Suite G - 30  
Roswell, GA 30075  
Phone: 770-641-3780  
Web Site: [www.roswellgov.com](http://www.roswellgov.com)

