

**BOROUGH OF LAKE COMO**  
**ADMINISTRATIVE & EXECUTIVE OFFICE**  
**1740 MAIN STREET**  
**POST OFFICE BOX 569**  
**LAKE COMO, NJ 07719-0569**

TELEPHONE: 732-681-3232

FAX: 732-681-8981

**APPLICATION FOR LICENSE - SIDEWALK CAFES & RESTAURANTS**

Please read requirements (attached ordinance)

TO THE MAYOR AND COUNCIL OF THE BOROUGH OF LAKE COMO:

The undersigned hereby applies for license to operate the facility hereinafter described, and submit the following facts and representations for the purpose of such application.

1. NAME OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_
2. ADDRESS WHERE LICENSE WILL BE LOCATED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. DATE: \_\_\_\_\_  
\_\_\_\_\_
4. TYPE OF INSURANCE COVERAGE - Certificate of insurance must be submitted with application:  
\_\_\_\_\_  
\_\_\_\_\_
5. OTHER INFORMATION REQUIRED BY BOROUGH CLERK AND/OR MAYOR AND COUNCIL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. ANNUAL APPLICATION FEE: **\$100.00**
7. Applicant will accept license subject to all conditions set forth in any ordinance or resolution heretofore adopted by the Mayor and council of the Borough of Lake Como. Pertaining to the nature of this license, which said Ordinance or resolution is made a part hereof.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Referred to:

Fire Sub-code Official: \_\_\_\_\_

Zoning Official: \_\_\_\_\_

Mayor/Council: Date: \_\_\_\_\_

Action Taken: Granted: \_\_\_\_\_ Denied: \_\_\_\_\_

LICENSE ISSUED: \_\_\_\_\_ NUMBER: \_\_\_\_\_

SIGNED: \_\_\_\_\_

BOROUGH CLERK/ADMINISTRATOR