

## TOWN OF CONWAY SPECIAL EVENT INSTRUCTIONS AND DEFINITIONS OUTDOOR DINING

Note: Any questions regarding this application should be directed to Mike Lane at: [mike@conwayrec.com](mailto:mike@conwayrec.com) or Lynore Wagner at: [lynore@conwayrec.com](mailto:lynore@conwayrec.com). 901-1139

### **Special Event Outdoor Dining Permit:**

The purpose of this permit is to protect the general public and to ensure all restaurant's/dining establishments follow the guidelines and protocols emphasized in this permit application.

It is not intended to be used in lieu of other ordinances that requires approval by a board, committee or officer of the Town of Conway.

**This permit is valid through Columbus Day.**

**Application:** An application must be approved prior to opening. All applications shall be submitted to the Conway Parks and Recreation Department and approved by the Town Manager. Once approved, a signed copy will be emailed or mailed to the applicant at the address provided on the application.

Every Event Permit must be signed by the Fire Chief of the Precinct in which the event is to be held.

**\*\*Insurance:** if the event is going to be **on public property**, a Certificate of Insurance in the amount of \$1,000,000 (one million) per occurrence is required. The certificate of Insurance shall explicitly name the Town of Conway as an additional insured and must state the name and dates (through Columbus Day) on the certificate of Insurance.

**Site Maintenance:** The site must be maintained in an orderly and clean manner. The area shall be placed in its original condition immediately following the event and any disturbed green space or buffer zones will be returned to their original condition.

**Revocation:** The permit may be revoked at any time if the applicant does not follow the Town's requirements.

**The completed original application must be returned to the Conway Parks and Recreation Department located at 176 Main St. Building C-5, Conway, NH. Please call to make arrangements for drop off. (603)-901-1139. \*Applications may not be emailed. Mailing address is: Conway Parks and Recreation Department, PO Box 370, Conway, NH 03818.**

**Town of Conway  
Office Of the  
Building inspector**

**1634 East Main  
Street Center  
Conway, NH03813  
Phone (603)447-3811 fax  
447-5012**

E-mail [buildinginspector@conwaynh.org](mailto:buildinginspector@conwaynh.org)

**March 9, 2023**

General requirements for restaurant exterior opening

If indoor bathroom facilities are readily accessible, they can be utilized. If they are not readily or easily accessible external portable hand wash and restroom facilities must be supplied.

The loading or requested number of individuals being served is going to be the determining factor for the number of facilities required.

For up to 15 individuals one (1) ADA closet (toilet facility) and one (1) hand wash unit will be acceptable, if more than 15 individuals a second unit will be required, again if the internal facilities are acceptable no external units will be required.

Each individual restaurant should submit a layout plan demonstrating the proposed seating arrangement and location on the property to myself and the fire chief for review to assure proper facilities are present and life safety concerns are being addressed.

We can meet with each individual restaurant owner or agent to clarify what is needed for their particular site.

Respectfully Submitted  
Town of Conway Building  
Inspector

David Pandora



**TOWN OF CONWAY  
SPECIAL EVENT OUTDOOR DINING PERMIT APPLICATION**

LOCATION OF EVENT \_\_\_\_\_

This event is being held on (check one): Public Property  Private Property

Date(s) of Event: \_\_\_\_\_ through \_\_\_\_\_

**APPLICANT CONTACT INFORMATION:**

Name and DBA \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION:**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**FOR EVENTS ON PRIVATE PROPERTY NOT OWNED BY APPLICANT**

I hereby approve and authorize the use of my private property for this event.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Please attach a sketch or drawing of your property indicating the location of the outdoor area to be used for food service operations.**

**TENT OR TEMPORARY STRUCTURE INFORMATION**

This form to be filled out if the event is to erect any tents or temporary structures.

If erecting a tent or temporary structure, fill out information below and submit to precinct Fire Chief for review and approval.

Tent Company/Installer Information: Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name/DBA of where tent/structure will be setup \_\_\_\_\_

\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRE CHIEF AUTHORIZATION**

To be signed by the Fire Chief (or designated representative) of the precinct in which the outdoor dining is to be held.

I certify that I have been notified of the date and locations of this Outdoor Dining Special Event within my jurisdiction and will review and inspect any fire, life safety, temporary structure(s), electrical and/or public health or safety concerns I deem appropriate and within my authority.

\_\_\_\_\_  
Fire Chief Signature                                          Date                                          Jurisdiction (Department)

**CERTIFICATION BY SPONSOR/APPLICANT**

The undersigned have reviewed and understand the Town of Conway Outdoor Dining Special Event instructions and definitions and agree to abide by all town ordinances and rules governing outdoor dining special events in the Town of Conway. I hereby certify that I am an authorized representative of the applicant and agrees, at its sole expense, to defend, indemnify and hold harmless the Town of Conway and all associated entities of the Town and their respective officers, boards, commissions, employees, and agents (hereinafter referred to as "indemnities") from and against any and all liability, obligation, damages, claims liens, losses, and expenses which may be incurred by or asserted against the indemnities by reason of any act of omission of the undersigned, its personnel, employees, agents, contractors or subcontractors which results in damage or injury of any kind to any person or property and which arises out of or is in any way connected with the activities permitted by this permit. (Required for all applications)

\_\_\_\_\_  
Signature of Applicant                                          Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(Official Use Only) Date and Time received by the Town of Conway \_\_\_\_\_