



OSCEOLA COUNTY

Doggie Dining Application

Osceola County Board of County Commissioners
Community Development Department
1 Courthouse Square, Suite 1400
Kissimmee, Florida 34741
Phone (407) 742-0200

Application No: _____
Date Received: _____

Submittal Checklist

- Property Owner Authorization
- Proof of Ownership
- Legal Description
- Site plan showing:
 - Lot Dimensions,
 - Location of Doggie Dining (with all details of set-up),
 - Setbacks of set-up from property and right-of-way lines,
 - Driveways, and any existing site improvements
- Diagram attached See instructions
- Application Fees
\$150 New/Renewal
\$25.00 Late Fee

In accordance with Osceola County Land Development Code of Ordinances, Part II, Chapter 12-Health and Human Services Article, Section 12-1 authorization for Doggie Dining is issued to:

Business/Applicant

Name of Restaurant: _____
 DHR Number: _____
 Agent/Lessee: _____
 Address: _____
 Email: _____ Phone: _____
 Location: _____
 Days of Operation: _____ Hours: _____

Property Owner

Name: _____
 Email: _____ Phone: _____
 Address of Doggy Dining: _____
 Parcel Number: _____

I have read the regulations that allow dogs in outdoor dining areas of restaurants located within the Celebration Planned Unit Development and the Harmony Planned Unit Development of the unincorporated Osceola County. I understand that my failure to comply with the regulations may result in the revocation of my Dog Dining Permit and a citations from Code Enforcement or any other authorized enforcement officer for failure to comply with Osceola County Ordinance #07-15. Violations are subject to local and state statutes and may result in fines and/or liens against the property owner. I understand that it is my responsibility to inform the property owner of my application for a Dog Dining Permit and the implications associated with a failure on my part to comply with the regulations. I further understand that failure to renew within five (5) days of permit expiration will require a late fee of \$25.00 per in addition to the renewal fee.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____ Applicant is personally known by me or has produced _____ as identification. _____ (type of identification)

(Seal)

Signature of Notary Public

Print, Type or Stamp Name of Notary

Inspected/Approved by: _____ Date: _____

For Office Use Only

Date of Issuance: _____
 Effective Date: _____
 Expiration Date: _____
 Location of sales: _____
 Zoning Approval: _____

Application – Public food service establishments must fill out an application and receive a permit form Osceola County before patrons’ dogs are allowed on the premises. **Osceola County has established a non-refundable application fee of one hundred fifty dollars (\$150.00) for new locations and twenty- five dollars (\$25.00) for renewal locations.**

Diagram – Public food service establishments must provide the County with a diagram and description of the outdoor dining area to be designated as available to patrons’ dogs. The diagram, which shall be accurate and to scale but does not need to be prepared by a licensed design professional, must include the following:

1. The dimensions of the designated outdoor dining area.
2. The number and placement of tables, chairs, and restaurant equipment, as applicable.
3. All entryways and exits for the designated outdoor dining area (to include dog areas and non- dog areas)
4. Any and all fences or other physical barriers in the designated outdoor dining area.
5. The surrounding property lines and public right-of-way, including sidewalks and common pathways; and,
6. Any other pertinent information relating to the designated outdoor dining area.

Insurance – In conjunction with this Application, public food service establishments must provide the County with an original certificate of insurance, or a faxed copy of the policy from the insurance agent, providing commercial general liability insurance coverage in the amount of one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) aggregate. The policy shall not have exclusions for animals and animal bites. All insurance shall be from companies duly authorized to do business in the State of Florida. Thirty (30) days written notice must be given to the Osceola County Risk Management Department prior to any cancellation or reduction in policy coverage. Osceola County Risk Management, 3 Courthouse Square, Kissimmee, Florida, 34741 must be named as a certificate holder.

Ingress and Egress – Ingress and egress to the designated outdoor dining area shall not require entrance into or passage through any indoor area or non-designated outdoor portions of the public food service establishment.

Compliance – Public food service establishments and their respective designated outdoor dining areas shall comply with all permit conditions, the approved diagram, the signage requirements, and all other requirements as further set forth in section 509.233, Florida Statutes.

Permits – All Osceola County permits issued pursuant to this Application shall be conspicuously displayed in the designated outdoor dining area.



OSCEOLA COUNTY AGENT AUTHORIZATION FORM

I/we, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent Information (PLEASE PRINT)

Name(s): _____
Company: _____
Phone: _____ Email: _____

Requested Application(s): _____

Subject Property (PLEASE PRINT)

Address: _____
Parcel ID: _____
Legal Description: _____
_____ See Attached

Property Owner(s) Information (PLEASE PRINT)

Property Owner Name(s): _____
Address: _____
Phone: _____ Email: _____

Signed Authorization

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

STATE OF FLORIDA
COUNTY OF OSCEOLA

The forgoing document was (or affirmed) and subscribed to before me this _____ day of 20____ by _____
Who is personally known to me or who produced _____ as identification

Public Notary Seal:

Signature of Notary

Notary # _____
My Commission Expires: _____