

Sewer Availability Charge (SAC) 2024 AFFIDAVITOF BUSINESSUSE FOOD AND DRINK ESTABLISHMENTS

YOU MUST ANSWER ALL QUESTIONS OR WE WILL REJECT THE APPLICATION.

Business Name:		
Business Site Address:		
City Name:		
PLEASE MARK ALL BOXES THAT ARE TRUE	ABOUT YOUR BUSINESS WI	TH AN X.
Type of Service Provided		
We Have Customer Seating		
🗆 Yes	🗆 No	
We Serve Take Out Food Only an	d Have Outdoor Seating Or	ון (No Indoor Seating)
🗆 Yes	□ No	
We Serve Take Out Food Only an	d Have No Indoor or Outdo	oor Seating
🗆 Yes	□ No	
Type of Seating Provided		
What Type of Seating Will the Es	tablishment Have:	
□ Indoor Seating	□ Outdoor Seating*	□ No Seating
Will any portion of the outdoor s	eating be covered (awning	s, roofs, closing pergolas, etc.):
□ Yes*	□ No	🗆 n/a
*If any of the outdoor seating is covered, then		
If your business has any restrictions on consum	ing jood of arms in any area of	της μισμετιγ, γου πιαςι ςαρπητ α τοργ οΓ

the City-approved ordinance or City-issued business license stating the restriction(s) with this form.

I certify that I have read and understood all questions in this affidavit and that my answers are true to my knowledge and belief. I also understand that giving false answers in this affidavit is fraudulent, that my SAC fees will be recalculated, and I will be held responsible for any additional SAC fees.

Print Name of Business Owner:

Signature of Business Owner:

Date: