



**SPECIAL USE PERMIT (SUP)**  
**TEMPORARY OUTDOOR DINING**  
*(valid through April 14, 2021)*

**DEPARTMENT OF PLANNING**  
300 East Main Street, Sun Prairie, WI 53590-2227  
(608)825-1107  
FAX (608)825-1194

**LAND DEVELOPMENT APPLICATION FORM**

No partial applications will be accepted and final acceptance will be determined by the assigned staff person after the initial submission.

**Applicant information:**

**Applicant  
Initials:**

\_\_\_\_\_  
\_\_\_\_\_

**Letter of Intent (1 copy)**  
**Application checklist complete and signed (1 copy)**

**OFFICE USE:  
Staff Initials:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Owner information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Primary contact information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Property Information:**

Legal Description: \_\_\_\_\_  
(Metes and bounds and other complex descriptions must be submitted on diskette in Microsoft Word format)  
Parcel Number: \_\_\_\_\_ Address/Location: \_\_\_\_\_  
Existing Zoning District: \_\_\_\_\_ Existing Land Use: \_\_\_\_\_

**Brief Description of Project: (include in letter of intent)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Authorization** (required): \_\_\_\_\_  
(Signature or signed letter of authorization)

**Applicant Signature** (if different from owner): \_\_\_\_\_

**OFFICE USE:**  
Received in Planning Dept. office by: \_\_\_\_\_ Date: \_\_\_\_\_  
Fee Paid: N/A Check #: \_\_\_\_\_ Project Number: \_\_\_\_\_

Attach a separate sheet if more room is needed to supply complete information.



**DETAILED INSTRUCTION SHEET FOR FILLING OUT  
LAND DEVELOPMENT APPLICATION**

**Prior to Submittal:**

It is strongly recommended that applicants set up an appointment with the staff of the Department of Planning to discuss your proposal in detail and review the approval process.

**Fees:**

There are no application fees for applications associated with the operation of temporary outdoor dining areas. A waiver of these fees is valid through April 14, 2021.

**Upon Filing Your Application:**

Planning staff will review the application submittal for completeness and circulate plans to appropriate City departments for review. A public hearing or public meeting date before the Plan Commission will be scheduled by City staff after a **complete** application is received.

**Required Application Submittal Materials (to be attached to the application form):**

All metes and bounds and other complex descriptions shall be submitted with the application on a **CD** or via e-mail in Microsoft Word format. (*E-mail to [kschneider@cityofsunprairie.com](mailto:kschneider@cityofsunprairie.com)*)

1. **Letter of Intent.** The applicant shall provide the City with a **Letter of Intent** describing in detail the application. The letter of intent should include the following information, as applicable:
  - Purpose for the request
  - Names of people involved (i.e. applicant, property owner, contractor, architect, landscaper, business manager)
  - Detailed description of the types of business or businesses proposed
  - Hours of operation for the business or activity
  - Area of the site in square feet or acres
  - Number of employees (total and on largest shift)
  - Identify access to the property
  - Any additional information that the applicant wishes to submit in support of or to justify the requested action.
2. **Application Checklist. (MUST BE COMPLETED BY THE APPLICANT)** An application checklist for the specific application type must be completed by the applicant as part of the application process. Each checklist was created to identify all of the items that must be submitted for each project type. Each item in the checklist must be initialed by the applicant, indicating that the required item has been included in the application submission.

Please submit all **COMPLETE** plans, maps and documents including the required fees along with this application per the attached requirements. The application will **NOT** be processed until all necessary information and fees have been submitted. **No partial applications will be accepted and final acceptance will be determined by the assigned staff person after the initial submission.**

**APPLICATION CHECKLIST  
SPECIAL USE PERMIT – TEMPORARY OUTDOOR DINING**

All applications for **Special Use Permits**, regardless of the party of their initiation, shall be filed with the Planning Department. This form shall serve as a checklist for special use permit applications. **The use of this checklist by the applicant to ensure a complete application submittal for this application is required.** One completed and signed original copy of this checklist shall be submitted to the Planning Department with all application submittals.

**This form is also used by staff to verify that all required materials related to this application have been received and are complete. The use of this checklist by the City or applicant does not constitute a waiver of any additional requirement contained in the City’s Municipal Code. Refer to the Sun Prairie Municipal Code for a complete listing of the requirements (<http://library.municode.com/index.aspx?clientId=13968>).**

**NOTE: Special Use Permits are approved by staff. Once a complete application is received it will be reviewed by the Technical Review Committee to ensure compliance with all standards pertaining to the special use.**

Review Initials	<b>Submittal Requirements</b>
	One (1) copy of a <b>completed application form. (In PDF Format)</b>
	<b>Letter of Intent</b> - A written description of the proposed special use describing the type of activities, buildings, and structures proposed for the subject property and their general locations;
	<b>Completed Extension of Premises application (if serving alcohol outdoor)</b>
<b>A MAIN SITE PLAN DRAWING SHALL BE SUBMITTED AND SHALL INCLUDE THE FOLLOWING:</b>	
	All existing and proposed buildings, structures, and paved areas, including walks, drives, decks, patios, fences, utility poles, drainage facilities, and walls.
	All required building setback lines.
	Location and types of heating and lighting equipment to be used
	Tank storage plan, if using propane heating
	Location and type of barrier to be used (if serving alcohol outside)
	All existing and proposed easement lines and dimensions with a key provided and explained on the margins of the plan as to ownership and purpose.
	The location of all access points, parking and loading areas on the subject property.
	Emergency Plans – Plans and procedures to safely evacuate the structure in case of fire, severe weather, or other emergencies.
	Snow removal plan, if placing structures or furniture in the right-of-way or on public property
	General liability insurance per temporary outdoor dining rules, if placing structures in the right-of-way or on public property.
	The location of all outdoor storage areas, if applicable.

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



# Extension of Premises for Liquor License Temporary Outdoor Dining

City of Sun Prairie  
Clerk's Office  
300 E Main St  
Sun Prairie, WI 53590

Class B:  Beer,  Liquor,  
 Class C Wine

An extension of premises for temporary outdoor dining facilities is available for existing licensed premises only.

This application must be completed if an establishment wishes to serve alcohol within the temporary extension of premises.

This temporary extension of premises will expire on April 14, 2021.

Are you requesting this temporary extension of licensed premises, in compliance with Resolution 20/180: Approving an Emergency Order Regarding Temporary Outdoor Dining Facilities, adopted by the Common Council on November 17, 2020?:  Yes  No

Required detailed floor plans of extension area **included**: Yes

## Licensed Premises Information

This application modifies existing alcohol license number: \_\_\_\_\_

Business dba Name: \_\_\_\_\_

Licensed Address: \_\_\_\_\_

Liquor/Beer Agent Name: \_\_\_\_\_

## Corporate Information

Business Legal Name (as on WI State Sellers Permit): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Contact Name, Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Description of Proposed Changes: \_\_\_\_\_

---

---

---

---

---

---

---

---

**Signature**

\_\_\_\_\_ / \_\_\_\_\_  
*Authorized Signature of Agent or Establishment Owner*                      *Date*