



**TOWN OF DAVIE**  
**PLANNING & ZONING DIVISION**  
8800 SW 36 ST • DAVIE, FLORIDA 33328  
PHONE: 954.797.1103 • WWW.DAVIE-FL.GOV

**DOG-FRIENDLY RESTAURANT**  
**APPLICATION CHECKLIST\***

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\*Use this checklist for applications to allow dogs in outdoor restaurant seating areas pursuant to Sec. 12-34(X) of the Town Code. Please submit complete application to the above address.

**Checklist**

- A diagram and description of the dog-friendly seating area (accurate and to scale but not necessarily prepared by a licensed professional). At a minimum, the diagram shall include:
  - Outline and dimensions of the designated outdoor seating area.
  - A depiction of the number and placement of tables, chairs, and restaurant equipment, if any.
  - Entryways and exists to the designated outdoor seating area.
  - Boundaries of the designated outdoor seating area and of other areas of outdoor dining not available for patrons' dogs.
  - Fences or other barriers surrounding property lines and public right-of-ways, including sidewalks and common pathways.
  - Location of required pet waste cleaning kit.
  - Location of signs identifying the seating area as "Dog-Friendly Seating Area".
  - Location of signs reminding patrons and employees of the applicable rules (required sign text provided below).
  - A note on the plan showing the days of the week and hours in which dogs will be allowed.
- Signed and notarized application form.

## **Required Sign for Dog-Friendly Seating Area:**

- Dogs are only permitted in approved and designated portions of an outdoor seating area.
- Dogs shall not be allowed on chairs, tables, or other furnishings.
- Patrons shall always keep their dogs on a leash and shall keep their dogs under reasonable control. Any dogs that by manner of their disposition or behavior in the designated outdoor seating area which consists of loud and regular barking, aggressive behavior towards other patrons or their dogs, inappropriate tendencies or similar nuisance-like acts may be requested to leave said premises by the restaurant manager.
- Dogs shall not be allowed to come in contact with serving dishes, utensils, tableware, linens, paper products or any other items involved in food service operations.
- Employees are prohibited from touching or handling dogs while serving food or beverages or handling tableware or before entering other parts of the public food service establishment.
- Food service employees shall wash their hands promptly after touching or handling dogs.
- Restaurant patrons should wash their hands before eating.
- Accidents involving dog waste shall be cleaned immediately and the area sanitized. The restaurant shall provide a kit with appropriate materials for this purpose, which shall be kept near the designated area at all times when the outside seating area of the restaurant is open for business.
- The restaurant shall provide waterless hand sanitizer at all tables in the designated outdoor seating area.
- The restaurant shall ensure that, between seating of patrons, spilled food and drink is removed from the floor all table and chair surfaces are cleaned and sanitized.
- Report violations to Town of Davie Planning and Zoning Division (Ph. 954-797-1103).

## **Hold Harmless Agreement**

In consideration for approval to operate a Dog-Friendly Restaurant pursuant to Sec. 12-34(X) of the Town of Davie Code of Ordinances, I, the undersigned, hereby agree for myself and for my personal representatives, heirs and next of kin:

1. To hold harmless the Town of Davie, FL, its commissions, departments, boards, officers, agents, employees, representatives, contractors or subcontractors, or their employees (herein referred to collectively as "Town") from any and all claims or demands of any kind and from all liability, penalties, costs, losses, damages, expenses, claims or judgments (including attorney's fees) resulting from injury, death or damage to any visitor, third parties, which injury, death or damage arises out of or is in any way connected directly or indirectly to operation of a dog-friendly restaurant.
2. To protect, hold free and harmless, defend and indemnify the Town from any and all claims or demands of any kind and from all liability, penalties, costs, losses, damages, expenses, claims, or judgments (including attorney's fees) resulting from injury, death or damage to any visitor, third parties, which injury, death or damage arises out of or is in any way connected directly or indirectly to operation of a Dog-Friendly restaurant. This indemnity shall include, without limitation, reasonable attorneys', experts' and consultants' fees, investigation costs and all other reasonable costs incurred by the Town.

## DOG FRIENDLY RESTAURANT OWNERSHIP INFORMATION

Restaurant Name	
Restaurant Address	

### PROPERTY OWNER

This is to certify that I am the owner of the subject property and that the statements contained herein are accurate to the best of my knowledge. And I hereby authorize the above to act as my representative(s) in the administration of this application.	
Signature of Property Owner:	<b>Date:</b>
Printed name of property owner:	
<b>Notarization</b>	
State of _____ County of _____	
Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization.	
this _____ day of _____, 202__, by _____ (name of person making statement)	
<input type="checkbox"/> Personally known: OR <input type="checkbox"/> Produced Identification, Type _____	
_____ My Commission Expires: (stamp)	
Notary Public Signature	

### RESTAURANT OWNER (if different from property owner)

This is to certify that I am the owner of the subject property and that the statements contained herein are accurate to the best of my knowledge. And I hereby authorize the above to act as my representative(s) in the administration of this application.	
Signature of Restaurant Owner:	<b>Date:</b>
Printed name of restaurant owner:	
<b>Notarization</b>	
State of _____ County of _____	
Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization.	
this _____ day of _____, 202__, by _____ (name of person making statement)	
<input type="checkbox"/> Personally known: OR <input type="checkbox"/> Produced Identification, Type _____	
_____ My Commission Expires: (stamp)	
Notary Public Signature	