



Private Outdoor Designated Area (PODA) Permit Application

Business Name: _____ DBA, if any: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

Do you have a City of Wheeling Business License? _____

Have you paid all City taxes and fees? _____

Name of Primary Point of Contact for PODA Issues: _____

Primary Contact Phone: _____ Primary Contact E-Mail: _____

Please submit a Floor Plan that indicates the following: Total square footage of all areas open to the public, including indoor and outdoor areas, and the number of restrooms available to patrons. **Please provide a description of the security of the business.**

ACKNOWLEDGEMENT OF RESPONSIBILITIES AND REQUIREMENTS (please initial the following):

_____ I acknowledge my business is located within the PODA District indicated above, has a current a Class A, Class B, or Class S2 license pursuant to West Virginia Code §60-7-1 *et seq.*, and is in good standing with the City of Wheeling on all taxes, fees, licenses, and permits.

_____ I acknowledge my business is not eligible to participate in the PODA without obtaining approval from the City of Wheeling ("City") and a Class S4 permit from the West Virginia Alcohol Beverage Control Administration ("ABCA"), AND a copy of the Class S4 permit has been submitted to the City.

_____ I acknowledge drinks must be served in PODA cups approved by the City and the ABCA, that include the appropriate, authorized PODA logo for the district in which the permit holder will operate, and PODA cups must be no larger than 16 ounces in size and made of clear plastic or similar non-glass material. PODA cups may only be obtained after you have your ABCA Class S4 permit and City approval.

_____ I acknowledge the sale of PODA beverages is permitted only during authorized days and hours, and that the City may temporarily suspend the PODA at any time, including during any festival located within the PODA area where alcohol is available as part of the festival. Authorized days and hours are as follows:

Year-round schedule; Monday-Friday from 4pm to 11pm; Saturday-Sunday from 10am to 11pm.

_____ I acknowledge my participation in the PODA includes the mandatory requirement to have restrooms open and waste cans available during the PODA hours and days, to keep litter controlled around my business property, and to ensure participating patrons use only approved containers for PODA beverages.

_____ I agree to indemnify, hold harmless and defend the City of Wheeling and the West Virginia ABCA and each of its elected officials, officers, officials, employees, agents and volunteers from any and all claims, counterclaims, demands, all loss, liability, fines, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by City, the ABCA, Permittee or any other person, including invitees, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of the PODA. Permittee's obligations under the preceding sentence shall apply regardless of whether City, the ABCA or any of its elected officials, officers, officials, employees, agents or volunteers are negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused solely by the gross negligence or willful misconduct of City, the ABCA, or any of its elected officials, officers, officials, employees, agents or volunteers.

_____ I acknowledge the City can revoke the PODA permit for any public safety concerns or violations of ordinances or regulations set by the City of Wheeling or the ABCA. Any person who owns or operates a business within a Private Outdoor Designated Area or is employed by such a business and who violates any provision of City of Wheeling code may be found guilty of a misdemeanor and, upon conviction, shall be fined. These penalties for owners, operators, and employees of Private Outdoor Designated Areas are in addition to any penalty from the ABCA.

_____ I have read and agree to all the requirements and responsibilities to participate in my district's PODA, as set forth in this document, West Virginia Code §8-12-26 and §60-7-8G, City of Wheeling Codes concerning alcohol consumption, applicable ABCA rules and regulations, City of Wheeling PODA Rules and Regulations, and any other applicable statute, ordinance, rule, regulation, or guideline.

_____ I acknowledge I have the power and authority to bind the Applicant to the terms herein by signing this document.

Applicant Signature: _____

Applicant Print Name: _____

Relationship to Requesting Business: _____

Date: _____