



Private Outdoor Designated Area (PODA) Permit Application

Please submit completed applications and any additional paperwork to poda@morgantownwv.gov or submit a printed copy to the City Managers office at 430 Spruce St. Morgantown, WV.

Business Name: _____ **DBA, if any:** _____

Business Address: _____

Business Phone: _____ **Business Email:** _____

Point of Contact for PODA Issues: _____

Primary Contact Phone: _____ **Primary Contact Email:** _____

City of Morgantown Tax Account Number: _____
(4-5 digit number used to pay City taxes and fees)

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.

ACKNOWLEDGEMENT OF RESPONSIBILITIES AND REQUIREMENTS

(PLEASE INITIAL THE FOLLOWING):

- _____ I acknowledge my business is located within the PODA district indicated on the map, has a current has a current Class A or S2 license issued by WV ABCA pursuant to WV Code 60-7-1 et seq., and is good standing with the City of Morgantown 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 Morgantown 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. PODA cups may only be obtained after you have your ABCA Class S4 permit and City approval.
- _____ I acknowledge the sale of PODA beverages/ cups is permitted only during authorized days and hours and that the city may temporarily suspend the PODA at any time. Authorized days and times can be seen below:
Monday- Friday 4 PM- 10 PM and Saturday- Sunday 10 AM- 10 PM
- _____ I acknowledge my participation in the PODA includes the mandatory requirement to have restrooms open and waste cans available for patrons 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 acknowledge that my business may be required to meet with the PODA Review Committee in order to finalize my formal request for participation.

I agree to indemnify, hold harmless and defend the City of Morgantown 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 or property damages) 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 the aforementioned positions.

I acknowledge that my business should self report any violations that have occurred within the last 12 months pertaining to the the ABCA, the City of Morgantown or state regulations. Reporting of inaccurate information may result in the denial or removal of a permit.

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 Morgantown or the ABCA. Any person who owns or operates a business within the PODA or is employed by such a business, who violates any provision may be subject to penalties.

I have read and agree to all the requirements and responsibilities to participate in the PODA, as set forth in this document, WV State Code 8-12-26 and 60-7-8G, City of Morgantown Code Article 935, applicable ABCA rules and regulations, City of Morgantown PODA Rules and Regulations and any other applicable statues, ordinance, rule, regulation or guideline.

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

Applicant Print Name: _____ **Applicant Signature:** _____

Relationship to Requesting Business: _____

Date: _____

OFFICE USE ONLY:

**Staff should initial and date upon receipt of application*

Initial Application:

Review Committee:

WV ABCA Status: Approved Date: _____
 Denied

PODA PERMIT Issued Date: _____ Account Number: _____ Final Review By: _____