

Application Form 2022 – UPDATED REQUIREMENTS
Restaurant License
Occupy Outdoor City Property

RECEIVED

# \*\*DO NOT USE THIS APPLICATION FORM FOR EVENTS \*\*

Date Submitted: 3/16/2022									
Business Name: Angle's Food and Diner Inc									
Business Contact: Stephen Luz									
Business Address: 7 Masort St. Phone: 978-479-8913 cell Angres Packer									
Property Owner: Scangas Realty LLC									
Outdoor Tables Quantity: 10 Dimensions: 3'1"x 3'1" Material: Metal / Composition									
Outdoor Chairs Quantity: 30 Dimensions: 2/w x 1/2 Material: Plustee									
Proposed Days/Hours of Operation: 7 days & Gan - 3pm									
Check all that apply:									
Applicant requests approval for food consumption.									
Applicant requests approval for alcohol consumption.									
Applicant requests approval for occupancy of public parking space(s).									

## Attach the following materials:

- 1) Evidence of liability insurance with minimum coverage in the amount of one million dollars (\$1,000,000) per occurrence, naming the City of Newburyport as co-insured, and in force for the entire approved period of occupancy.
- 2) A clear and legible 8½-inch x 11-inch diagram of the proposed area of occupancy, detailing which shall be in addition to any other requirements of law, regulation or ordinance, including state alcohol law. Such diagram shall demonstrate compliance with MAAB CMR 521 and all other Americans with Disabilities Act ("ADA") requirements:
  - a) Perimeter of proposed areas of occupancy, with relevant linear dimensions;
  - b) If such area includes portions of a public street traveled by vehicles, then the public, vehicular path of travel, no less than eleven (11) feet in width, or wider as may be required by the City Engineer;
  - c) All relevant obstacles such as streetlights, signs, trees, etc.; and
  - d) All tables, chairs, seats, total seating count and total occupancy; and
  - e) The area of occupancy must be enclosed by a fence, rope or other means to control access and demarcate the area proposed for the service of food and alcohol; and
  - f) Public, pedestrian path of travel no less than five feet in width.
- 3) Written authorization signed by the Applicant's landlord acknowledging and agreeing to the use of the adjacent portion of any public way.

# Applications shall be delivered to the Office of the City Clerk by hand, mail, or email:

- 1) Office of the City Clerk Newburyport City Hall 60 Pleasant Street Newburyport, MA 01950 (978) 465-4407 ext. 1205 rjones@cityofnewburport.com
- 2) The deadline for applications is the close of business 7:00 pm Thursday, March 10th.

### **Processing:**

- 1) Application fee \$100.00 Occupancy fee \$5/sq. ft. pending in City Council.
- 2) Applications will be reviewed by the City Council and forwarded to the Licensing Board. For applications to occupy a city park or playground, the City Council shall not consider or act upon such application until the earlier of (i) having received a recommendation by the Parks Commission regarding such application, or (ii) 30 days from the City Clerk's receipt of such complete application.
- 3) The **Licensing Board will then conduct a public hearing** on each application and determine whether to approve, approve conditionally, or deny it. The Licensing Board may not approve an application without a favorable recommendation by the City Council.
- 4) The City has no obligation whatsoever to approve any individual application, each of which shall be processed, reviewed, and a determination thereon made by the relevant City officers, boards, and commissions in their reasonable discretion.
- 5) Any condition of approval and submitted plan shall be in force for the entire duration of any validly issued license.
- 6) Any license issued may be revoked at any time by super-majority vote of the City Council, after a public hearing, for any reason, or no reason.

#### RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER A PUBLIC WAY

I, the undersigned Applicant or Duly Authorized Agent, hereby agree to RELEASE, DISCHARGE, and HOLD HARMLESS, the City of Newburyport, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents, and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the undersigned's use of the public way or other city property as described herein.

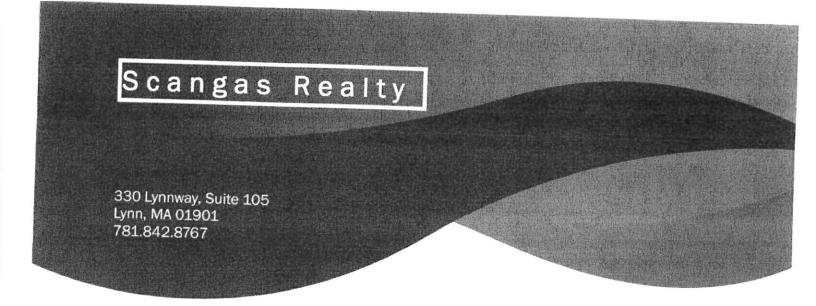
Signature of Business Owner

DATE

## City of Newburyport

#### **Outdoor Tables & Chairs**

- A minimum of five-feet of pedestrian clearance must be maintained for public pedestrian access. Tables, chairs, and/or all enclosure materials used to create a demarcated area for serving alcohol may not impede this required pedestrian clearance.
- 2) Tables, chairs, and/or enclosure materials to create a demarcated area for serving alcohol must maintain a minimum of 5-feet of pedestrian clearance from streetlights, signs, trees, benches, garbage barrels, or other sidewalk obstacles.
- 3) Tables, chairs, and/or personal property used to demarcate an area cannot interfere with curb ramps, driveways, fire escapes and/or doorways.
- 4) All tables and chairs that are chained, roped, or otherwise tethered together after business hours must be untethered during business hours.
- 5) Placement of tables and chairs on city property must conform in all respects to all applicable federal, state, and local laws and regulations, including, without limitation workplace safety rules and other public health regulations. Please contact the Newburyport Health Department for workplace safety rules specific to your business sector.
- 6) Like any license, permission to place tables and chairs outdoors on city property is revocable at the discretion of the City of Newburyport.
- 7) Initial licenses, unless revoked, shall remain effective until on or about October 31<sup>st</sup> and commencing on or about May 1<sup>st</sup>.
- N.B. ODNC098\_10\_12\_2021 is pending in City Council and may amend requirements to this license.



March 21, 2022

# To Whom it May Concern

Please accept this letter as written consent from Scangas Realty for applicant, Angies Food, to use public way along frontage beyond its storefront, in front of all Scangas Realty owned frontage (1-11) on Pleasant street in Newburyport for outdoor restaurant seating and related restaurant use. If you need any further communication or clarification please contact me by email at <a href="mailto:edschatz1@gmail.com">edschatz1@gmail.com</a> or by phone at 978.979.1660

Warm regards.

Edward P. Schatz

President



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/08/22

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER				CONTAC NAME:	Carmen	Cocca					
Cocca Insurance Associates Inc.						PHONE (A/C, No, Ext): 781-245-0888 FAX (A/C, No): 781-246-3926						
dba Water Street Insurance Agency						E-MAIL ADDRESS: carmen@getinsurancehere.com						
27 Water Street						CONTROL AND TRANSPORTED AND TR						
Wa	kefield, MA 01880				INSURER(S) AFFORDING COVERAGE						NAIC#	
WAUREN						INSURER A: Arbella Protection						
INSURED						INSURER B: Mass Retail Merchants Group Inc.						
Angie's Food & Diner Inc.						INSURER C :						
8 Elm St Wilmington, MA 01997						INSURER D :						
Wilmington, MA 01887						INSURER E :						
		INSURER F:										
СО	VERAGES CER	REVISION NUMBER:					-					
Т	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD											
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
		ADDL	SUBR		LLN IXLL	POLICY EFF	POLICY EXP					
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
1	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO RENT		\$	2,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occi	urrence)	\$	50,000	
	Incl Liquor Liability							MED EXP (Any one	person)	\$	10,000	
Α				7520071944		05/16/21	05/16/22	PERSONAL & ADV	INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE	\$	4,000,000	
1	POLICY PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$	4,000,000	
l	OTHER:							Liquor Aggreg		\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$		
1	ANY AUTO							BODILY INJURY (Pr	er person)	\$		
	OWNED SCHEDULED							BODILY INJURY (P		s	-	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)				
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER			
B G	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			3			E.L. EACH ACCIDE	NT	s	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		014005033043122		01/01/23	01/01/24	E.L. DISEASE - EA			500,000		
								E.L. DISEASE - POL	807-3500 PRO 14000	\$	500,000	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - FOL	LICT LIMIT	a .	- 000,000	
	The second of th		1005	Dana Additional Danastic C :	Jula :	L						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC				uule, may	be attached if m	iore space is req	uirea)				
Re	staurant located at:7 Pleasant St.,New	bury	port,	, MA 01950								
TU	CERTIFICATE HOLDER HAS BEEN	NI A M	ED A	S ADDITIONAL INSURED	ONT	HE ABOVE N	IIIMBERED I	IARII ITY POLI	CV			
THE CERTIFICATE HOLDER HAS BEEN NAMED AS ADDITIONAL INSURED ON THE ABOVE NUMBERED LIABILITY POLICY												
CERTIFICATE HOLDER						CANCELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	60 Pleasant St Newburyport, MA 01950	AUTHORIZED REPRESENTATIVE										
Newburyport, INA 0 1930												
		Carmen Cocca										

# Angres

- 36" must be maintained around all Areas
- Middle tale between tebles must maintain 60" clear for wheel their turning radius
- Tables must be ada accessible table with Heights 27-34"

Pleasant St

SPN - ADA COORDIVAKER

