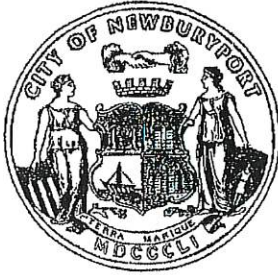


paid \$100 ✓

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

2024 Application - License to Occupy Outdoor City Property

2024 FEB -8 A 8:47



City of Newburyport
Application Form 2024
Restaurant License
Occupy Outdoor City Property

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

Date Submitted: 2/17/24

Business Name: TQJP ENTERPRISES, INC. DBA: THE ANGRY DOG

Business Contact: TOM QUILL

Business Address: 42 INN STREET

Phone: 978-729-6359 Email: tom@theangrydog.com

Property Owner: NEO

Outdoor Tables Quantity: 10 Dimensions: 28x28 Material: WROUGHT IRON

Outdoor Chairs Quantity: 24 Dimensions: _____ Material: _____

Proposed Days/Hours of Operation: TUES - FRI 3AM - 2PM

Check all that apply: SAT - SUN 3AM - 4PM

- Applicant requests approval for food consumption.
- Applicant requests approval for alcohol consumption.
- Applicant requests approval for occupancy of public parking space(s).

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

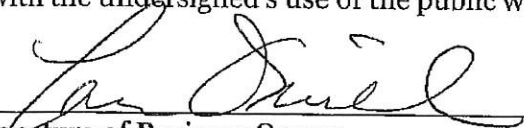
- 1) Office of the City Clerk
Newburyport City Hall
60 Pleasant Street
Newburyport, MA 01950
(978) 465-4407
clerk@cityofnewburport.com
- 2) **The deadline for applications is 4:00pm Thursday, February 8th 2024 to be included in the February 12th City Council Meeting. Please note it will take at least 2 City Council Meetings to process your application.**

Processing:

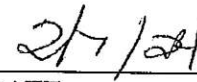
- 1) Application fee: **\$100.00**
Occupancy fee: **\$8/sq. ft.**
- 2) Applications will be reviewed by the City Council and forwarded to the Licensing Board. For applications to occupy a city park or playground, the City Council shall not consider or act upon such application until the earlier of (i) 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/07/2024

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).

PRODUCER G & A INSURANCE, INC 34 Dover Point Road Dover NH 03820		CONTACT NAME: Stan Cataldo PHONE (A/C, No, Ext): (603) 742-2644 E-MAIL ADDRESS: scataldo@gandainsurance.com FAX (A/C, No): (603) 742-2406	
INSURED TQJP Enterprises, Inc., DBA: Angry Donut 42-44 Inn Street Newburyport MA 01950		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Co INSURER B: Ohio Casualty Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: Master 2024-25 GL Only

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BZS(25)62596156	01/15/2024	01/15/2025	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000	
	<input type="checkbox"/> AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	<input type="checkbox"/> ANY AUTO						Employment Practices	\$ 100,000	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			USO(25)62596156	01/15/2024	01/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PROPERTY DAMAGE (Per accident)	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A					\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 42 Inn Street
 Newburyport, MA 01950

City of Newburyport Listed As Additional Insred Per Written Agreement.

CERTIFICATE HOLDER**CANCELLATION**

Newburyport City Hall
 60 Pleasant Street

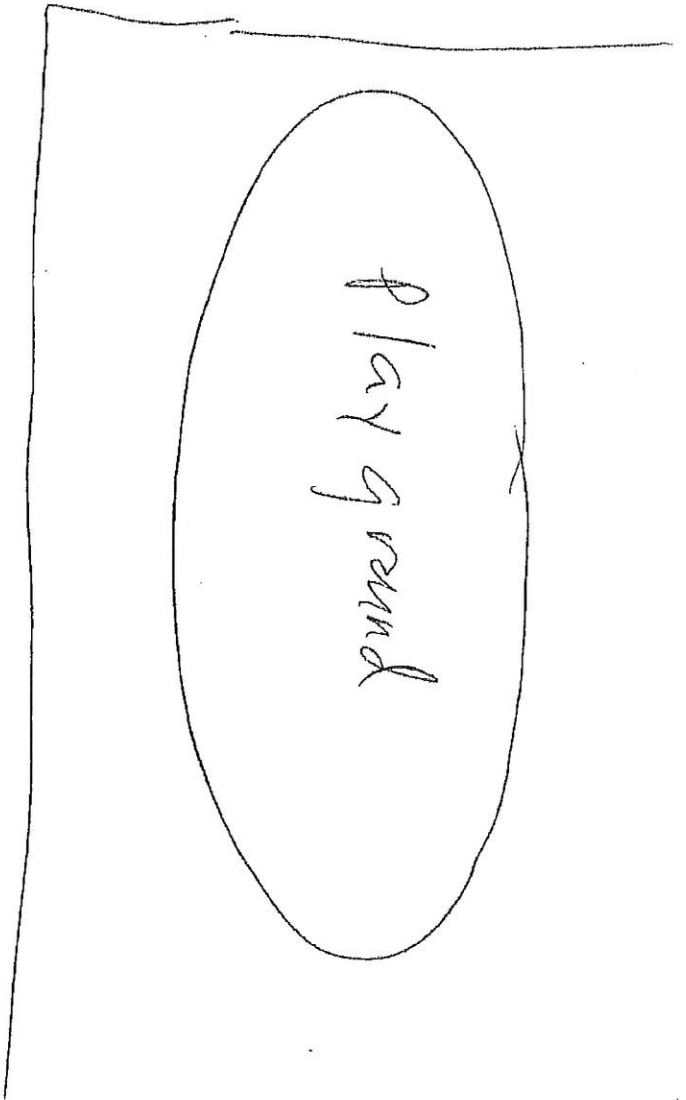
Newburyport

MA 01950

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

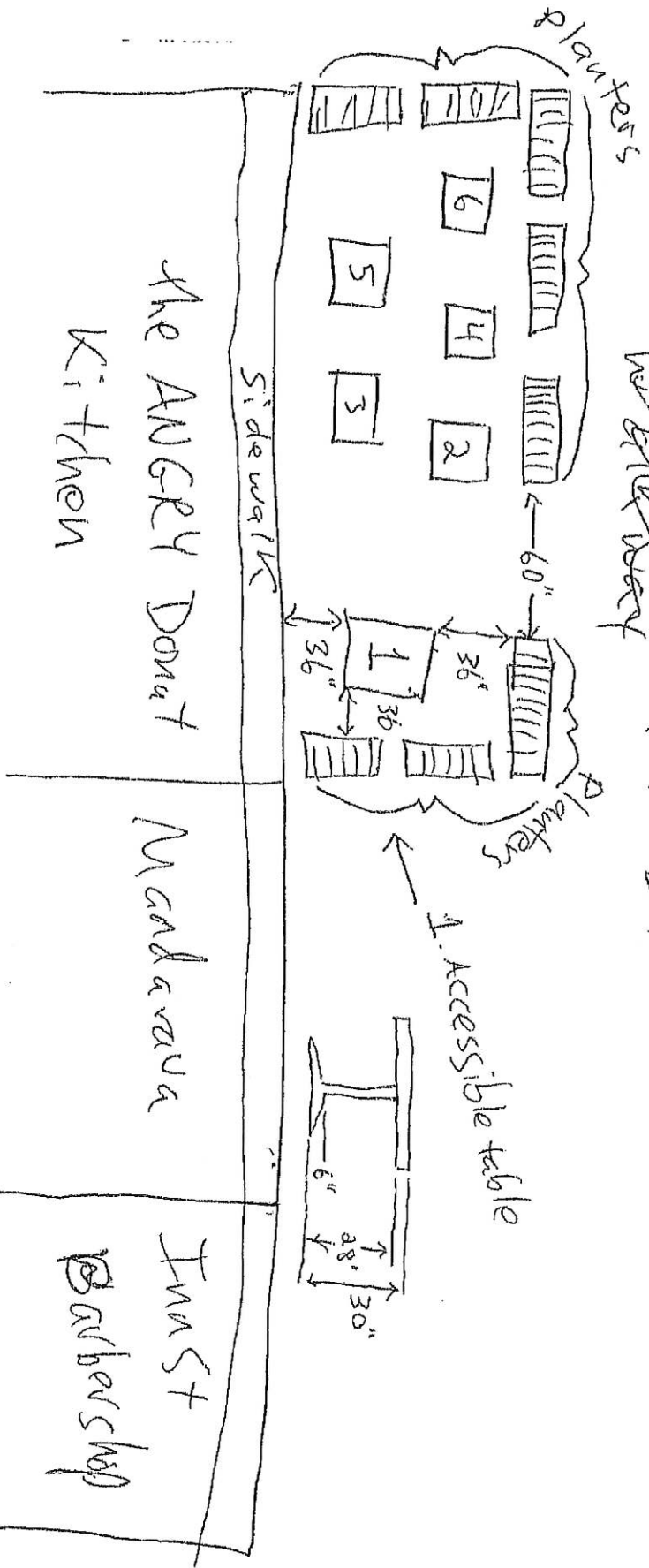
AUTHORIZED REPRESENTATIVE

Way
Way



with
way

FAN ST.



The ANGRY Donut
Kitchen

Mandavava

FAN ST
Barber shop

NEWBURYPORT DEVELOPMENT

A **NEW ENGLAND DEVELOPMENT** *Company*

54 Inn Street
Newburyport, MA 01950
Phone (978) 465-8571
Fax (978) 465-6653

February 7, 2024

City of Newburyport
60 Pleasant Street
Newburyport, MA 01950

RE: The Angry Donut

To Whom it May Concern,

As Landlord representative for 42 Inn Street, Tom Quill, the owner of the Angry Donut, has our permission to expand The Angry Donut's outdoor seating onto the sidewalk and walkway in the area of the storefront.

Thank You.

Sincerely,



Ginny Roberts
Leasing Director