

paid ✓ \$100

2024 Application – License to Occupy Outdoor City Property

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NEWBURYPORT, MA

2024 FEB -8 P 1:51



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

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

Date Submitted: Feb. 8, 2024

Business Name: The Paddle Inn Restaurant

Business Contact: Beau Sturm

Business Address: 27 State Street

Phone: 978-572-1242 Email: paddleinnnewburyport@gmail.com

Property Owner: Antoinette Biugliano

Outdoor Tables Quantity: 14 Dimensions: 27"x27" Material: white composite

Outdoor Chairs Quantity: 28 Dimensions: \_\_\_\_\_ Material: wood benches/plastic chairs

Proposed Days/Hours of Operation: 11:30 am - 10pm (M-SA) 10am - 10pm (Sunday)

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).

**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](mailto:clerk@cityofnewburport.com)
- 2) **The deadline for applications is 4:00pm Thursday, February 8<sup>th</sup> 2024 to be included in the February 12<sup>th</sup> 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

2/8/2024  
\_\_\_\_\_  
DATE

**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 8<sup>1</sup>/<sub>2</sub>-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.



# CERTIFICATE OF LIABILITY INSURANCE

Fax: (978)462-7936

DATE (MM/DD/YYYY)

02/08/2024

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 <b>MacDonald &amp; Pangione Insurance Agency</b> 104 Main Street North Andover, MA 01845 License #: 3377756	CONTACT NAME: <b>Glendaly Gomez</b>	FAX (A/C, No): <b>(978)688-5350</b>	
	PHONE (A/C, No, Ext): <b>(978)688-6921</b>	E-MAIL ADDRESS: <b>glendaly@mpins.net</b>	
INSURED <b>Paddle Inn Restaurant LLC</b> 27 State St Newburyport, MA 01950	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	<b>General Secutiry Indemnity Co</b>	
	INSURER B:	<b>Mount Vernon Fire Insurance Co</b>	
	INSURER C:	<b>Utica Mutual Insurance Co</b>	<b>25976</b>
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 00014901-260593 REVISION NUMBER: 12

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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			IMA420768	07/28/2023	07/28/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XL2562112	03/19/2023	03/19/2024	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			5000572	11/21/2023	11/21/2024	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Liquor Liability			IMA420768	07/28/2023	07/28/2024	Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Outdoor seating for restaurant  
RE:27 STATE ST NEWBURYPORT MA  
City of Newburyport is additional insured .

<b>CERTIFICATE HOLDER</b>  City Of Newburyport 60 Pleasant Street Newburyport, MA 01950	<b>CANCELLATION</b>  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  (GGG)



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>MacDonald &amp; Pangione Insurance Agency</b>		NAMED INSURED <b>Paddle Inn Restaurant LLC</b>	
POLICY NUMBER <b>N/A</b>		EFFECTIVE DATE:	
CARRIER <b>Multiple Carriers</b>	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Certificate holder is listed as an additional insured

February 8, 2024

Beau Sturm  
Paddle Inn Restaurant  
27 State St  
Newburyport, MA 01950

Re: Outside area use

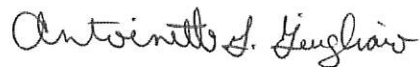
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Dear Beau:

You have our approval for use of the outside area of 27 State Street for patio dining.

Please do not hesitate to contact me with any questions.

Very truly yours,

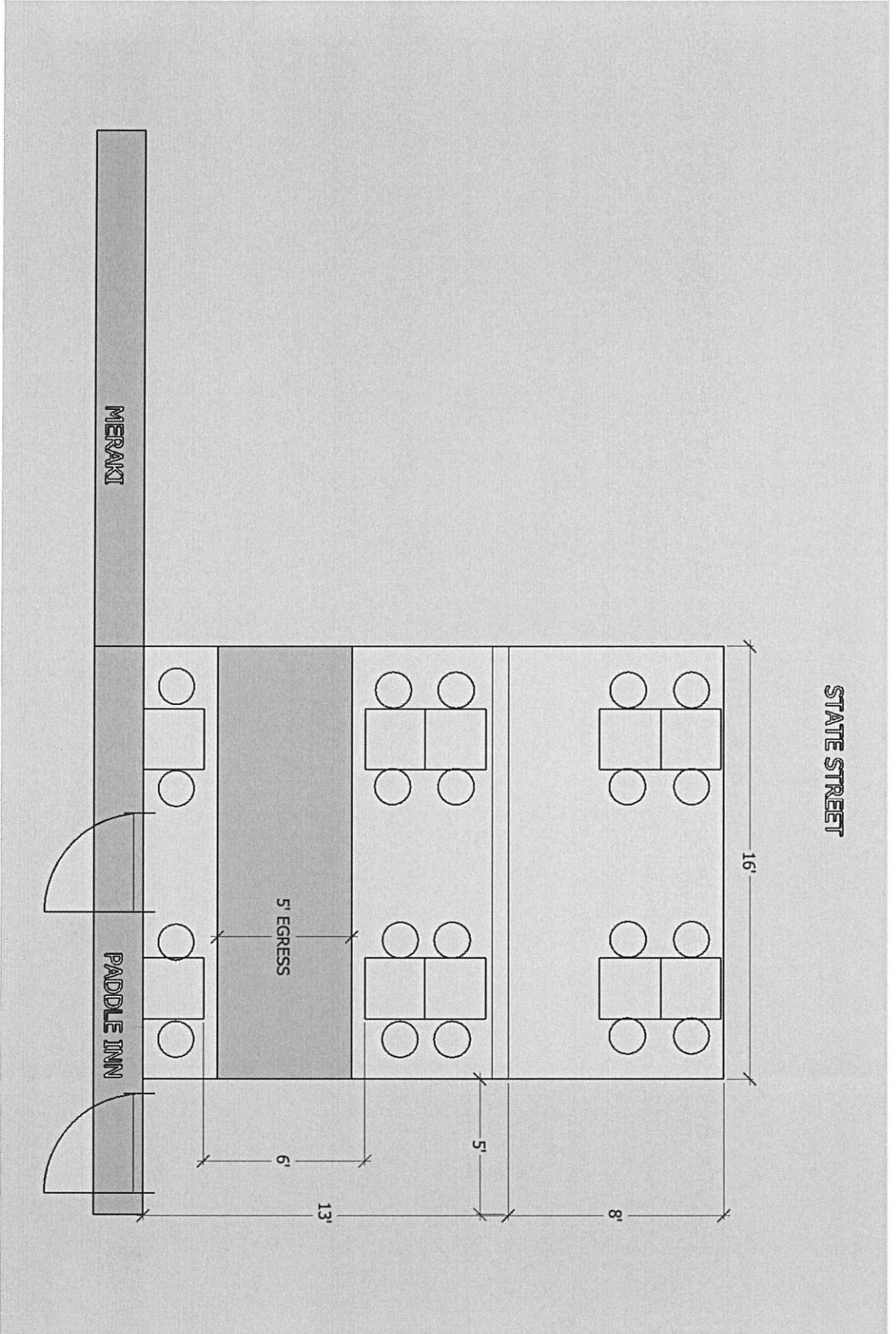


By \_\_\_\_\_

Antoinette G. Giugliano  
Principal  
Istanbul-Giugliano LLC

C:\AGGSERVER\Office Documents\corporate\_Docs\Antoinette's corporate\client\0023 Istanbul\0023.0005-000 27 state Newburyport\tenant correspondence and rent\letter re approval to use outside area for patio dining.docx

STATE STREET



1 PATIO  
PADDLE INN, 27 STATE ST  
NEWBURYPOR, MA



132 BOSTON ST DORCHESTER, MA 02125  
WWW.BLACKBIRCHCREATIVE.COM