



City of Newburyport

RECEIVED  
CITY CLERK'S OFFICE  
NEWBURYPORT, MA

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

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

Date Submitted: \_\_\_\_\_

Business Name: Bar 25

Business Contact: Reza Rahmani

Business Address: 38 State St. Phone: 978-255-3322 Email: bar25ayer@

Property Owner: State Street Fishmonger gmail.com

Outdoor Tables Quantity: 10 Dimensions: 47.2 x 27.2 x 30.5 Material: Wicker

Outdoor Chairs Quantity: 40 Dimensions: 21.7 x 21.7 x 28.9 Material: Wicker

Proposed Days/Hours of Operation: Tuesday - Saturday 3p.m - 11 p.m

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 ext. 1205  
[rjones@cityofnewburyport.com](mailto:rjones@cityofnewburyport.com)
- 2) The deadline for applications is the close of business 7:00 pm Thursday, March 10<sup>th</sup>.

**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

3/11/22  
\_\_\_\_\_  
DATE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/14/2022

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).

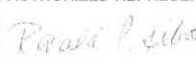
<b>PRODUCER</b> <b>AXiA Insurance Services</b> 84 Myron Street Suite A West Springfield, MA 01089	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (413) 788-9000	<b>FAX (A/C, No):</b> (413) 886-0190
	<b>E-MAIL ADDRESS:</b> info@axiagroup.net	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> The Hartford Insurance Company		<b>19682</b>
<b>INSURED</b>  <b>Bar25 LLC</b> 38 State St Newburyport, MA 01950		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

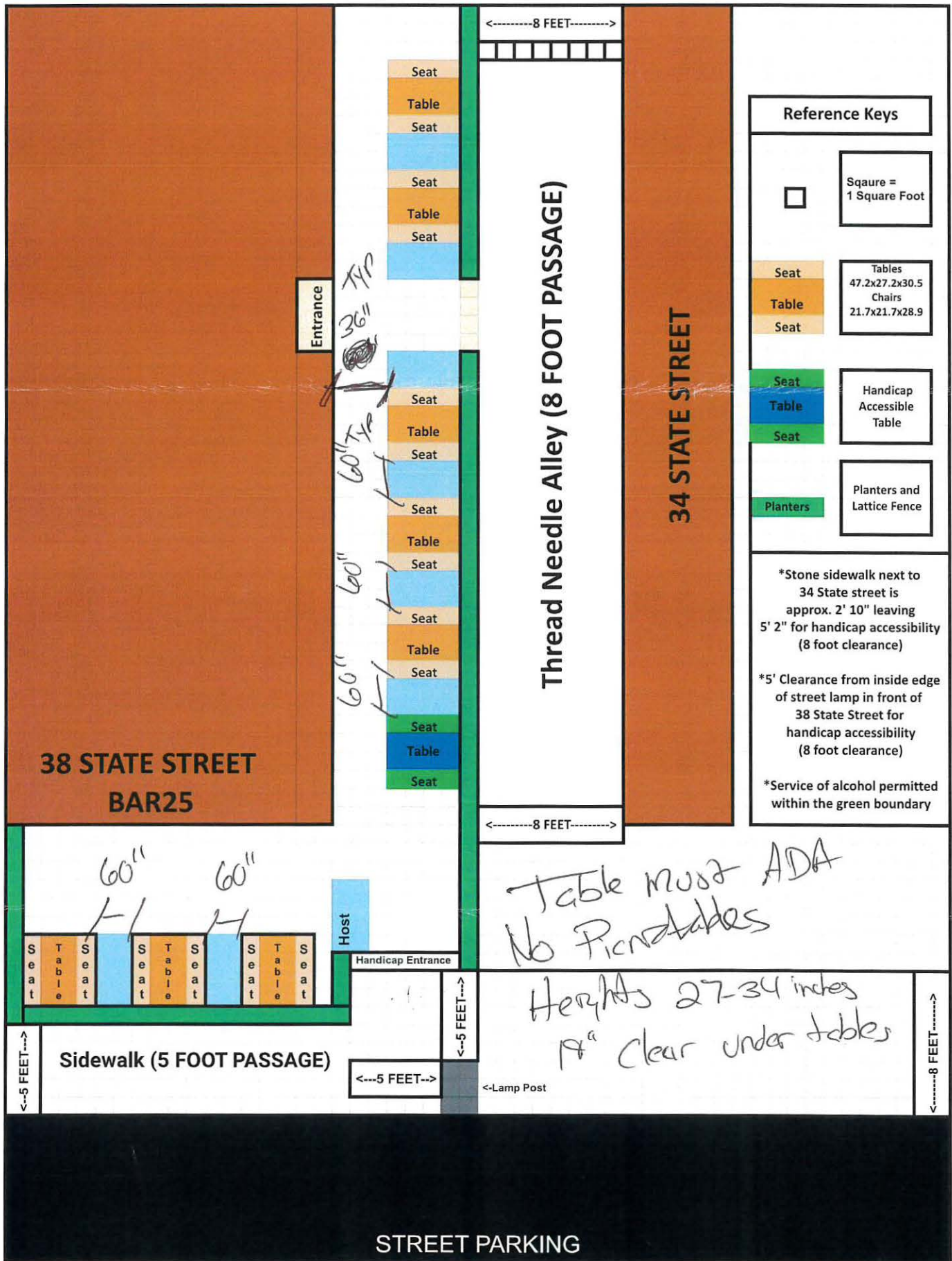
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Liquor \$1,000,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			08SBAAJ4HMG	12/6/2021	12/6/2022	EACH OCCURRENCE \$ <b>2,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>2,000,000</b>
							GENERAL AGGREGATE \$ <b>4,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b>
							<b>NON OWNED AUTO</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			08 WEC AJ4HS9	12/6/2021	12/6/2022	PER STATUTE OTH-ER \$
							E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Newburyport is named as an 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 
---	--





Entrance

38 STATE STREET  
BAR25

Thread Needle Alley (8 FOOT PASSAGE)

34 STATE STREET

Reference Keys

	Sqaure = 1 Square Foot
	Tables 47.2x27.2x30.5 Chairs 21.7x21.7x28.9
	Handicap Accessible Table
	Planters and Lattice Fence

\*Stone sidewalk next to 34 State street is approx. 2' 10" leaving 5' 2" for handicap accessibility (8 foot clearance)

\*5' Clearance from inside edge of street lamp in front of 38 State Street for handicap accessibility (8 foot clearance)

\*Service of alcohol permitted within the green boundary

*Table must ADA  
No Picnic tables*

*Heights 27-34 inches  
18" clear under tables*

Sidewalk (5 FOOT PASSAGE)

STREET PARKING