



City of Newburyport

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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: 7 Mar 2022

Business Name: Figtree Kitchen

Business Contact: Katie Habib, Manager

Business Address: 3 Bulberty St Phone: 978-255-4076 Email: nbpt@figtreekitchen.com

Property Owner: Carolyn Leahy, 12 Temple St, Newbury MA 01951

Outdoor Tables Quantity: 1 Dimensions: 30" round Material: aluminum

Outdoor Chairs Quantity: 2 Dimensions: 10" Material: aluminum

Proposed Days/Hours of Operation: 7am - 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

- 1) 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 31st and commencing on or about May 1st.

N.B. ODNC098_10_12_2021 is pending in City Council and may amend requirements to this license.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/2022

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).

PRODUCER		CONTACT NAME: Mark Kane	
Fife & AllKane Insurance		PHONE (A/C, No, Ext): 603-740-4669	FAX (A/C, No): 1-866-500-1261
3 Front St. Suite 321		E-MAIL ADDRESS: Mark@FifeAllKane.com	
P.O. Box 669		INSURER(S) AFFORDING COVERAGE	
Rollinsford NH 03869		INSURER A: The Hartford Insurance Company	
INSURED		INSURER B: Concord Group	
Figtree Kitchen LLC		INSURER C: Travelers Ins.	
3 Front St Ste 202		INSURER D:	
Rollinsford NH 03869		INSURER E:	
		INSURER F:	

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		x	04SBANW3839	08/19/2021	08/19/2022	EACH OCCURRENCE	\$ 100000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
							MED EXP (Any one person)	\$ 10000
							PERSONAL & ADV INJURY	\$ 1000000
							GENERAL AGGREGATE	\$ 2000000
							PRODUCTS - COMP/OP AGG	\$ 2000000
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			20020698	08/21/2021	08/21/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 100000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
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 Y	UB75190050-21-42	10/9/2021	10/09/2022	PER STATUTE	OTH-ER
			N/A				E.L. EACH ACCIDENT	\$ 100000
							E.L. DISEASE - EA EMPLOYEE	\$ 100000
							E.L. DISEASE - POLICY LIMIT	\$ 500000

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

Certificate holder is listed as additional insured, per written contract, for the purpose of liability only with respect to the operations performed by the insured.

Operations are bakery items for sale predominately at farmers markets. Business location Rollinsford NH with no store front exposure, in Portsmouth NH with store front exposure and in Newburyport MA with store front exposure.

CERTIFICATE HOLDER**CANCELLATION**

City of Newburyport

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

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To: City of Newburyport

From: Cae Leahy , Owner Unit #3 Liberty St

Re: Outdoor table

This memo is to confirm that Michael Shea, owner figtree kitchen, 3 Liberty St has my permission to have outdoor seating.

Cae Leahy
Carolyn Leahy
Cae Leahy

2022 season

FIGURE KITCHEN
3 LIBERTY ST

9' STOREFRONT

5' 3' DOOR

STAIRS

30" x 24"

TABLE

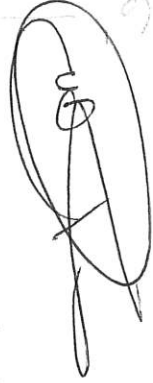
30"

CHAIR

10"

All tables to be ADA

ADA Casework



CURBS ↓