



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: 3/10/22

Business Name: Oregano Pizzeria + Ristorante

Business Contact: Claude Elias

Business Address: 16 Pleasant St. Phone: 603-475-1262 Email: celias@medias&tech.com

Property Owner: Newburyport Development Operating Holdings LLC

Outdoor Tables Quantity: 14 Dimensions: See below Material: metal

Outdoor Chairs Quantity: 48 Dimensions: 14 x 16 Material: metal

Proposed Days/Hours of Operation: 11:30 pm - 11:00 pm

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).

Tables  
 4 @ 30 x 30  
 3 @ 30 x 60  
 3 @ 36 x 36  
 4 @ 32 x 32  
 ———  
 14



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2022

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> Eastern Insurance Group LLC 233 West Central St Natick MA 01760		<b>CONTACT NAME:</b> Alex Campbell <b>PHONE (A/C, No, Ext):</b> 800-333-7234 <b>FAX (A/C, No):</b> 781-586-8244 <b>E-MAIL ADDRESS:</b> CSR24CL@easterninsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> Merchants Preferred Insurance Co	<b>NAIC #</b> 12901
		<b>INSURER B :</b> Merchants Mutual Insurance Company	23329
		<b>INSURER C :</b> Mass Retail Merchants Self Insured Program	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

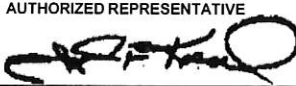
**COVERAGES**      **CERTIFICATE NUMBER:** 1125842331      **REVISION NUMBER:**

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 A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CMP9154135 CMP9154135	4/1/2021 4/1/2022	4/1/2022 4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MCA0000055 MCA0000055	4/1/2021 4/1/2022	4/1/2022 4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CUP9146664 CUP9146664	4/1/2021 4/1/2022	4/1/2022 4/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	014005031855122	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A A	<b>LIQUOR LIABILITY</b> <b>LIQUOR LIABILITY</b>	Y		CMP9154135 CMP9154135	4/1/2021 4/1/2022	4/1/2022 4/1/2023	COMMON CAUSE \$1,000,000 AGGREGATE \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 GOURMET PIZZERIA.  
 CITY OF NEWBURYPORT IS ADDITIONAL INSURED FOR GENERAL LIABILITY, LIQUOR LIABILITY and UMBRELLA LIABILITY.

**CERTIFICATE HOLDER**      **CANCELLATION**

CITY OF NEWBURYPORT 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 

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# **NEWBURYPORT** **DEVELOPMENT**

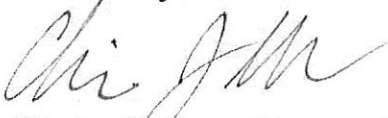
A NEW ENGLAND DEVELOPMENT *Company*

City of Newburyport  
60 Pleasant Street  
Newburyport, Ma 01950

To Whom it May Concern:

Claude Elias operates Oregano's at our property located at 16 Pleasant Street, Newburyport. Claude Elias has our permission to expand Oregano's outdoor seating onto the land surrounding Oregano's restaurant at 16 Pleasant Street.

Sincerely,



Chris Skiba, General Manager

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

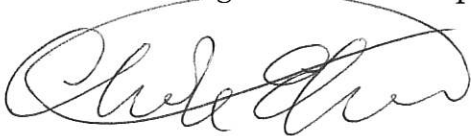
- 1) Office of the City Clerk  
Newburyport City Hall  
60 Pleasant Street  
Newburyport, MA 01950  
(978) 465-4407 ext. 1205  
[rjones@cityofnewburyport.com](mailto:rjones@cityofnewburyport.com)
- 2) The deadline for applications is the close of business 7:00 pm Thursday, March 10<sup>th</sup>.

**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.

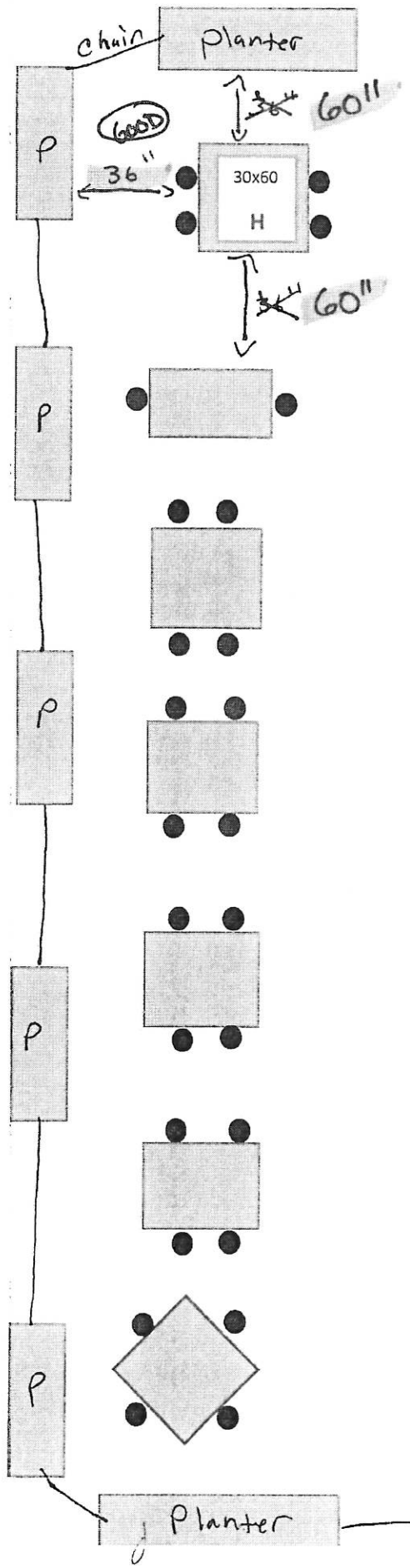


\_\_\_\_\_  
Signature of Business Owner

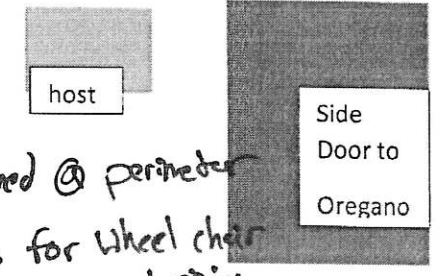
3/10/2022

\_\_\_\_\_  
DATE

# Oregano Patio



36" must be maintained @ perimeter  
 60" Between tables for wheel chair turning  
 Table must be ADA  
 Heights - 27" - 34"  
 19" Clear under table



(SIPR)

