

City of Newburyport

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CITY CLERK'S OFFICE  
NEWBURYPORT, MA

2022 MAR -8 AM 10:15

Application Form  
**Restaurant License**  
**Occupy Outdoor City Property**

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

Date Submitted: 03/08/2022  
Business Name: VERA RISTORANTE & BAR  
Business Contact: JOHN A. SANTANIELLO  
Business Address: 35 MARKET SQUARE Phone: (917) 733-9117 Email: johnasantaniello@gmail.com  
Property Owner: TENCARA LLC  
Outdoor Tables Quantity: 14 Dimensions: 30x30 24 round Material: steel  
Outdoor Chairs Quantity: 50 Dimensions: 15x15 Material: steel  
Proposed Days/Hours of Operation: Tuesday - Saturday 4pm - 12pm

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:
  - a) Perimeter of proposed areas of occupancy, with relevant linear dimensions;
  - b) Public, pedestrian path of travel no less than five feet in width;
  - c) All relevant obstacles such as streetlights, signs, trees, etc.; and
  - d) All tables, chairs, seats, total seating count and total occupancy; and
  - e) Means to demarcate any areas proposed for the service of food and alcohol.
- 3) Written authorization signed by the Applicant's landlord acknowledging and agreeing to the use of the adjacent portion of any public way.

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

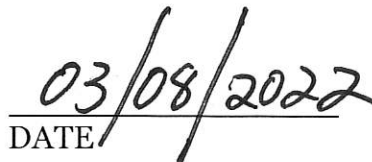
**Processing:**

- 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

  
DATE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**03/08/2022**

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 <b>MacDonald &amp; Pangione Insurance Agency</b> 104 Main Street North Andover, MA 01845 License #: 1780484	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>
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: <b>Concord General Mutual Ins Co</b>	<b>20680</b>	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER: 00023330-21973**      **REVISION NUMBER: 5**

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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>20033795</b>	<b>01/13/2022</b>	<b>01/13/2023</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b> <b>Liquor Liability</b> \$ <b>1,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y / <input type="checkbox"/> N / A						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**Fine Dining restaurant**  
**RE: 35 MARKET SQ UNIT 1 NEWBURYPORT MA 01950**  
City of Newburyport is listed as additional insured on general liability

**CERTIFICATE HOLDER****CANCELLATION**

**CITY OF NEWBURYPORT**  
**60 PLEASANT ST**  
**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


(GGG)

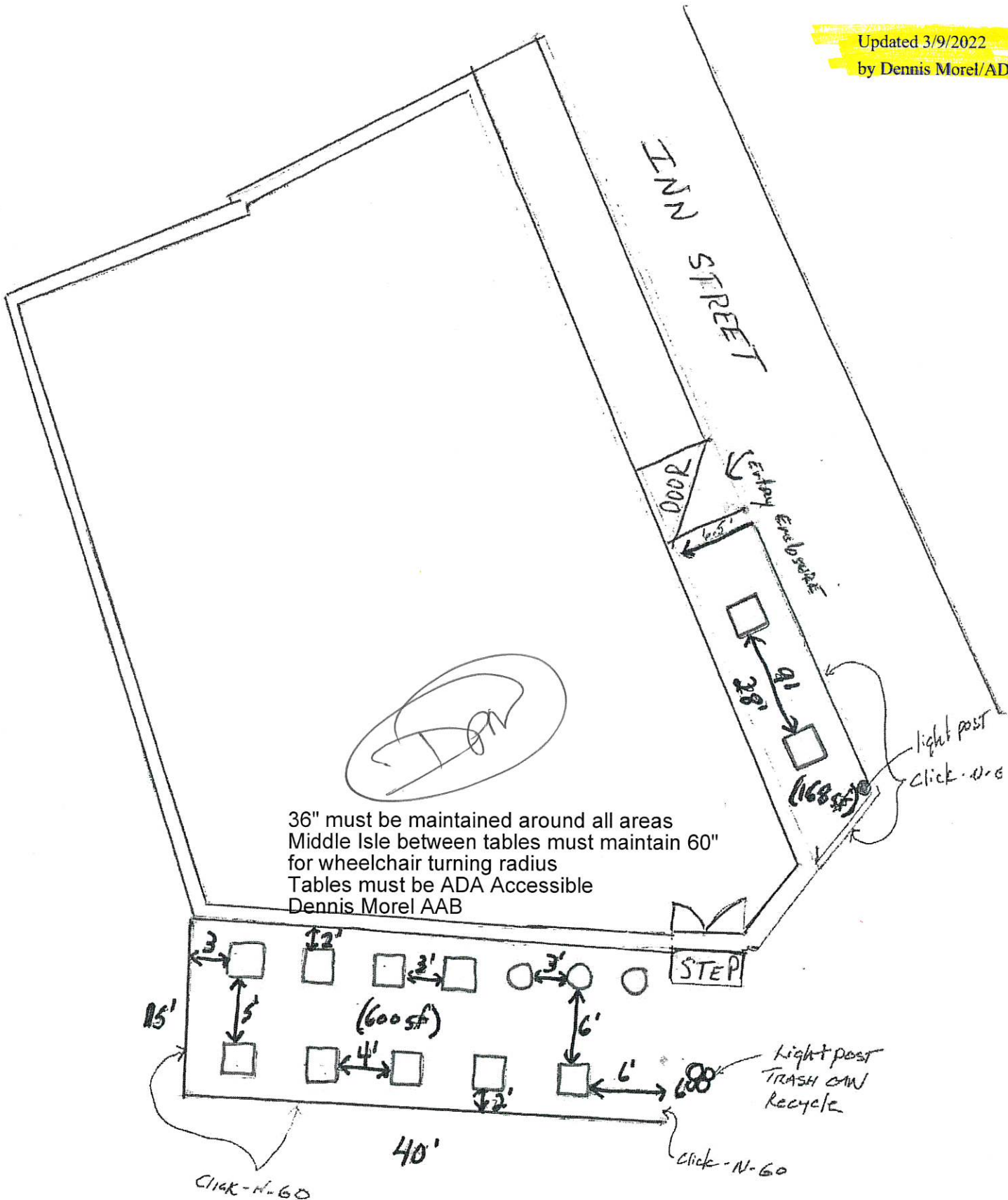
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03/05/2022

To: City of Newburyport  
City Clerk's Office  
Newburyport City Hall

As landlord for VERA RISTORANTE LLC  
I give full AUTHORIZATION FOR  
The use of any adjacent portion  
of any public way that may be  
affected by VERA RISTORANTE's  
outdoor table service,

Thank you  
  
D. Callan  
TENCARA LLC



36" must be maintained around all areas  
 Middle Isle between tables must maintain 60"  
 for wheelchair turning radius  
 Tables must be ADA Accessible  
 Dennis Morel AAB

- ① 30" TABLE
- ② 24" TABLE
- 50 CHAIRS
- 768 TOTAL SF

# MARKET SQUARE

$$\frac{3}{32} = 1'-0"$$