APPLICATION FOR TEMPORARY OUTDOOR DINING

CITY OF EVERETT

APPLICANT INFORMATION

1. Business name:

 2. Business address:

3. Business phone number:

4. Owner/manager:

5. Owner/manager email address:

6. 24‐hour contact name and cellphone number (In case of issues outside of normal business hours):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. The outdoor dining area will be located in the following: (mark all that apply) \_\_\_Sidewalk \_\_\_ Parking Lot \_\_\_Abutting Property (written approval required)

8. How many tables and chairs would you like to put in the outdoor dining area? Tables:   \_\_\_\_\_\_\_\_   Chairs: \_\_\_\_\_\_\_

9. Will you be using any barriers?

 \_\_\_\_Planters

\_\_\_\_Other Barrier, if other explain:

10. Will you be using umbrellas?   \_\_\_\_Yes    \_\_\_\_\_No

If YES, note that the umbrellas may not have any logos or signage.

11. Describe litter and noise mitigation plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Sign and date at the end of each statement to state that you understand and agree.\* I certify that any outdoor expansion that encroaches onto the right of way will comply with the public access requirements of the American Disabilities Act (ADA), and the rules and regulations set forth by the Massachusetts Architectural Access Board (MAAB). I also certify that I understand that failure to follow all requirements of the ADA and MAAB may result in an immediate suspension of my outdoor dining license.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that a 4‐foot clearance between encroachments (tables and chairs) and obstructions, including street lights, parking meters, and trees must be maintained to allow ADA – compliant passing. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that under the Mayor’s Executive Order, there are no entertainment licenses at this time, including background music/outdoor speakers.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that it is the responsibility of the license holder to stay informed regarding developing COVID‐19 guidelines and requirements.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Typed electronic signature acceptable

 13. Indemnification: The applicant and property owner (if different) must sign and date below. The signatory shall be responsible for and shall indemnify and hold harmless the City of Everett from and against all damages, claims or demands that may, during the term of this license, arise by the negligent or intentional acts of signatory or signatory’s employees.    Furthermore, the property owner (if not applicant) also grants permission for the applicant to operate as described herewith.

Applicant

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Typed electronic signature acceptable \*\*\* A hand‐written signature is required. Otherwise, signed written documentation from the property owner must be submitted granting permission to operate as described herewith, if not owner.

14. Proof of Insurance The applicant must include with this application proof of the following insurance information:

 A) Insured’s name on the certificate must be exactly the same as the legal   license holder

B) City of Everett, 484 Broadway, Everett, MA 02149 must be identified as the Certificate Holder

C) The certificate’s insurance must be a minimum of $1,000,000.

D) If operating within the public right‐of‐way, the City of Everett must be named as an insured.

Fee: $0.00

15. I certify under possible penalty of perjury under the laws of this jurisdiction that all information is true and correct.

Applicant\* Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Typed electronic signature acceptable

SITE PLAN

Submit a drawing showing the parking space(s) you would like to use for outdoor dining that includes the following information:

a. Distance between the entrance to your restaurant and the outdoor dining area.

b. Layout of tables and chairs. NOTE: Tables must be spaced 6’ apart.

c. Dimensions of tables.

d. Photo or description of barriers to be used around the perimeter of the outdoor dining area. The City has a limited number of barriers that may be used as needed to supplement owners’ plans. You may use the box below to illustrate your proposed dining area or submit an attachment.

Fee: $0.00

This application along with any supplemental documents shall be submitted to the Department of Planning & Development at outdoordining@ci.everett.ma.us

Contact for Questions About…

* **Liquor licensing & Entertainment licensing:** *Annette DeBilio*- Annette.DeBilio@ci.everett.ma.us
* **Food Health and Safety:** *Louis Staffieri -* Food Inspector - Louis.Staffieri@ci.everett.ma.us
* **ADA, accessibility, and building code:** *David Palumbo* - Inspectional Services Director – David.Palumbo@ci.everett.ma.us