



Outdoor Dining Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

LOCATION: IS MONUMENT SQ

<input type="checkbox"/> New Application for Outside Dining <input checked="" type="checkbox"/> Renewal Application for Outside Dining		
City Clerk signature for liquor license approval: _____ or Pending Council Date _____		
Location/Address of Outdoor Seating: _____		
Total Square Footage of Proposed Seating Area ¹ 120 SF		Square Footage of Lot MONUMENT SQ
Tax Assessor's Chart, Block & Lot Chart# 027 Block# F Lot# 006	Phone#: _____	Owner: BRAD McCURTAIN 207-775-0800
Applicant *must be owner or Lessee Name: ALICE OLCOTT Address: HENRYVILLE LLC 48 POCAHONTAS RD City, State & Zip: KITTERY PT, ME 03905	Lessee/Buyer's Name: (If Applicable)	Annual Fee: \$80 Total Sq. Ft. _____ Sq. Ft. Fee: \$ 240 Total Fee: \$ 320
Current use: OUTDOOR SEATING		
Business name: HENRY VIII		
Seating area dimensions: 10 x 12		
How many chairs? 12 How many tables? 4		
<input type="checkbox"/> Yes Alcohol is served. <input checked="" type="checkbox"/> No Alcohol being served.		
Who should we contact for the pre-inspection: ALREADY BEEN INSPECTED LEON SAMSON, MGR		
Mailing address: HENRY VIII IS MONUMENT SQ PORTLAND, ME 04101 Phone: 780-8889		

JUL 28 2009

Please submit all of the information outlined in the Outdoor Dining Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

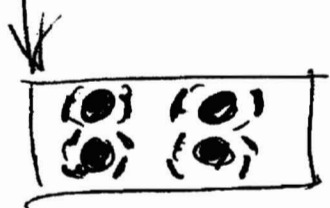
Signature of Applicant: A. OLCOTT

Date: 7/14/09

¹ In no instance shall the total square footage of dining area equal more than 10% of park space, unless the applicant receives a waiver from the Director of Parks and Recreation or his or her designee. This is not a permit; you may not commence ANY work until the permit is issued.



not to scale



ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID KM HENRY-3	DATE (MM/DD/YYYY) 08/03/09
PRODUCER Bragdon Insurance, Inc. 286 York St PO Box 468 York ME 03909-0468 Phone: 207-363-3200 Fax: 207-363-1023		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Henryville, LLC DBA 46A Pocahontas Road Kittery Point ME 03905		INSURERS AFFORDING COVERAGE INSURER A: MMG Insurance INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # 15997

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BP10955818	10/31/08	10/31/09	EACH OCCURRENCE \$ 2000000								
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000								
					MED EXP (Any one person) \$ 5000								
					PERSONAL & ADV INJURY \$ 2000000								
					GENERAL AGGREGATE \$ 4000000								
					PRODUCTS - COMP/OP AGG \$ 4000000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> WC STATUTORY LIMITS</td> <td style="width:50%;"><input type="checkbox"/> OTHER</td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$		E.L. DISEASE - EA EMPLOYEE \$		E.L. DISEASE - POLICY LIMIT \$	
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E.L. EACH ACCIDENT \$													
E.L. DISEASE - EA EMPLOYEE \$													
E.L. DISEASE - POLICY LIMIT \$													
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER <div style="text-align: right; margin-right: 20px;">CITY-OF</div> <p style="text-align: center;">City of Portland Congress Street Portland ME 04112</p>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Roswitha Coughlin
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not to scale

15 Monument Sq,
027 F 006
Renwal



12 chairs
4 Tables