



Outdoor Dining Permit Application

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JUN 01 2016

Dept. of Building Inspections
City of Portland
Portland, Maine

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.

Check all that apply: New Application for Outdoor Dining
 or Renewal Application for Outdoor Dining
 Application for dining on Private Property

Outdoor Dining in a Public Park If Renewal, are there changes to previous permit?
 Outdoor Dining in a Historic District Yes No
 Petition for Exception for Special Circumstances
 Liquor License required?
 City Clerk signature for liquor license approval: _____
OR Pending Council Date: 6-20-16

Location Name & Address: <u>Crooners & Cocktails</u> <u>90 Exchange St. Portland, ME 04101</u>	Chart	Block	Lot
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Owner Name: <u>Stephan Bamberger</u>	Total Square Footage of Proposed Outdoor Dining Area: ¹
Owner Phone #: <u>207-754-4406</u>	<u>35 sq ft</u>

Applicant * must * be owner or lessee	Fee: \$80 (Public-Annual) \$125 (Private 1X)
Name: <u>Ricardo DaSilva Crooners & Cocktails</u>	Total Sq. Ft.: <u>35</u>
Address: <u>90 Exchange St.</u>	Sq. Ft. Fee: (sq ft x \$2) \$ <u>70</u>
City, State & Zip: <u>Portland, ME 04101</u>	(sq ft x \$6 for public parks)
E-Mail: <u>Rick@croonersandcocktails.com</u>	Total Fees: \$ <u>150</u>
	(Permit not issued until all fees are paid)

Current use: Restaurant
 Business name: Crooners & Cocktails
 Seating area dimensions: 50' x 14"
 How many chairs? 39 How many tables? 9
 Yes Alcohol is served.
 No Alcohol being served.

Who should we contact: Rick DaSilva Phone: 207 318 3846
 Address: 61 Stuart St Portland, ME 04103 E Mail: Rick@croonersandcocktails.com

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. New applications and renewals are reviewed on an annual basis and should be submitted no later than June 1st.

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: _____

Date: 5/31/16

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.

I/We fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to my/our person or property arising out of the establishment's occupancy of the sidewalk or park space. To the fullest extent permitted by law, I/We do hereby agree to assume all risk of injury, harm or damage to my/our person or property (including but not limited to all risk of injury, harm or damage to my/our property cause by the negligence of the City of Portland, its agents, officers or employees) arising out of the establishment's occupancy of the sidewalk or park space. I/We hereby agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the City of Portland, its agents, officers and employees, from and against all claims, damages, losses and expenses, just or unjust, including, but not limited to costs of defense and attorney's fees, arising out of the establishment's occupancy of the sidewalk or park space, provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property including the loss of use there from, and (2) is caused in whole or in part by any negligent act or omission of the establishment, anyone directly or indirectly employed by it, or anyone for whose act it may be liable.

Signed and acknowledged:  Date: 5/31/10

Printed name Ricardo DaSilva

Establishment Crowners & Cocktails

Location 90 Exchange St. Portland, Me 04101



Department of Permitting and Inspections

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.


By digitally signing the attached document(s), you are signifying your understanding that this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the selections below.

1. Once the complete application package has been received by us, and entered into the system
2. You will receive an e-mailed invoice from our office which signifies that your electronic permit application and corresponding paperwork have been entered, ready for payment, to begin the process.
3. You then have the following four (4) payment options:

- provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment
- call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone
- hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall
- deliver a payment method through the U.S. Postal Service, at the following address:

**City of Portland
Department of Permitting and Inspections
389 Congress Street, Room 315
Portland, Maine 04101**

By signing below, I understand the review process starts only once my payment has been received. After all approvals have been met and completed, I will then be issued my permit and it will be sent via e-mail. ***No work shall be started until I have received my permit.***

Applicant Signature:  Date: 5/31/16

I have provided digital copies and sent them on: _____ Date: 5/31/16

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2015

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 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 P&C Insurance 260 Main St. P.O. Box 356 Biddeford ME 04005		CONTACT NAME: Carol Binette, AAI PHONE (A/C No. Ext): (207) 283-1486 E-MAIL ADDRESS: cbinette@insurancepc.com FAX (A/C No.): (207) 283-4258	
INSURED The 103, LLC, DBA: Crooners & Cocktails 90 Exchange St Portland ME 04101		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25674	

COVERAGES **CERTIFICATE NUMBER: 2015** **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/SUBR INSR/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		TBD	2/27/2015	2/27/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eq occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Eq accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
In regards to General Liability, certificate holder and any other person is an Additional Insured when required by contract, agreement or permit.

CERTIFICATE HOLDER City of Portland 389 Congress St Portland, ME 04101	CANCELLATION 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 C Binette, AAI/CAROLB <i>Carol Binette</i>
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