



## 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/Address of Outdoor Seating:	541 Congress St.	
Total Square Footage of Proposed Seating A		e of Lot
an sa ft		1660
Tax Assessor's Chart, Block & Lot	Owner:	Telephone:
Chart#631 Block#6-011 Lot#018	Ring Island LLC	883-3618
Lessee/Buyer's Name (If Applicable)	Applicant *must be owner or	Annual Fee: \$80
	Lessee	
	Name	Sq Ft Fee:
	Address	\$
	Address	Total Fee:
	City, State & Zip	<u>\$</u>
//		
Current use: KestAurANT	<u>'</u> .	
Business name: Emilits.	л	
Seating area dimensions:		
How many chairs?8 How many tab	1002	
How many chairs? How many tall	olesr	
City Clerk signature for liquor license approval	Ves Mo. or Pending Co.	uncil Date
Who should we contact for the pre-inspection:	40hn KegAs	· · · · · · · · · · · · · · · · · · ·
Mailing address: POB 852 Postla	Phone 271-0	245
Training medication, p. 5 p.	1 none	
Please submit all of the information outlined	in the Outdoor Dining Application	on Checklist.
Failure to do so will result in the automatic de	O	
	· -	
In order to be sure the City fully understands the		
Department may request additional information p		
visit us on-line at <u>www.portlandmaine.gov</u> , stop by call 874-8703.	y the building inspections office, ro	om 313 City Hall or
Can 077 0703.		
I hereby certify that I am the Owner of record of the named I	property, or that the owner of record author	rizes the proposed work
and that I have been authorized by the owner to make this ap	plication as his/her authorized agent. I agr	ce to conform to all
applicable laws of this jurisdiction. In addition, if a permit for 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.		500
	,	Nut
Made I Keeper	4/12 10	Parame
Signature of Applicant	Data Data	
This is not a permit; you may not commence ANY	work until the permit is issued.	tente → → () ()

<sup>&</sup>lt;sup>1</sup> 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.



## **OUTDOOR DINING PERMIT CHECKLIST**

Permits are required for expanding food service establishments to the outside on City Property. The annual fee is \$80.00 plus \$2.00 per square foot of dining area on streets, sidewalks or other public ways and \$80.00 plus \$6.00 per square foot of dining area in city parks. For purposes of fee calculation, the area abutting the buildings which border Monument Square and extending ten (10) feet from the facade of said buildings shall be considered a sidewalk. The ten (10) foot area shall be measured from that portion of the facade that protrudes furthest into the sidewalk. The area beyond the ten (10) foot sidewalk shall be considered park space.

Outdoor dining is permitted year round under the permit; however, furniture must be removed in inclement weather to allow for sidewalk snow removal. The permit must be renewed each year.

All of the following information is required and must be submitted. You will also be required to fill out an Outdoor Dining Permit Application.

## A plot plan is required and must include:

	A drawing of the lot, where the building sits on the lot along with the lot and building dimensions  The dimensional setback from the sidewalk to the building  The location of the street, and if it's a corner lot, the intersecting streets  The sidewalk along with its width and curbing location  The location of the table and chair placement, including dimensions
	(NOTE: there must be a minimum of four feet of open sidewalk from the outer boundary of the seating area to the curb, and a minimum of five feet on corners, and egress from the building must be maintained free of obstruction per the building code and NFPA Life Safety Code).
Ad	lditional Requirements:
	The permit holder is required to produce, at the time of submission, and maintain public liability insurance coverage in an amount of not less than four hundred thousand dollars (\$400,000) combined single limit for bodily injury, death and property damage, naming the City as an additional insured thereon.
All	permits for outdoor dining are issued subject to the following conditions:
	The tables and chairs must be placed within the permitted area on the sidewalk in such a manner as to allow the free and safe passage of pedestrian traffic. If

the tables and chairs are moved and located outside of the permitted outdoor seating area, they must be relocated to within the permitted area. Failure to contain the tables and chairs to the permitted area may result in a reduced

permitted area or a revocation of the permit.

	The permit holder is responsible for keeping the outdoor seating area clean.  The sidewalk area where the tables and chairs are located must be kept neat and free from liter and debris.
	No food shall be prepared outside.
	If alcohol is to be served, the permit holder must notify the City's Business Licensing Office in room 203 of City Hall or by telephone at 874-8557 and obtain approval for the service of alcohol outdoors. Additionally, State law requires that any outdoor area serving alcohol be segregated from the rest of the public.
	All tables and chairs shall be removed prior to a predicted snowfall and while any snow or ice exists within the designated outdoor seating area or within four feet from the boundaries thereof. The City will not be responsible for damage to any tables, chairs or other property that is not properly removed when the City is engaged in sidewalk maintenance activities.
	The permit holder shall comply with all applicable rules and regulations implemented by the city regarding outdoor dining.
Fail	ure to comply with any of the above conditions will result in revocation or

## Failure to comply with any of the above conditions will result in revocation or non-renewal of the permit.

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: 4/14 09
Printed name John Regas	
Establishment EmilitsA	_
Location 541 Congress SX	_

4	4 <i>C</i>	ORD.	CER	ΓIFIC	ATE OF LIABIL	ITY INSU	RANCE	CSR RC FOXVI-1	DATE (MM/DD/YYYY) 04/14/09
Bragdon Insurance, Inc. 286 York St PO Box 468 York ME 03909-0468 Phone: 207-363-3200 Fax: 207-363-1023				ONLY AND HOLDER. T	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.				
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						INSURER B:			
		For	ville Gro	un T.T	.c	INSURER C:			
ļ		PO	Box 852 tland ME			INSURER D:			
		FOI	ciand ME	04104		INSURER E:			
CO	/ERA	GES							
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			CLAIMS MADE X	OCCUR				MED EXP (Any one person)	\$ 10000
								PERSONAL & ADV INJURY	\$ 1000000
								GENERAL AGGREGATE	\$ 2000000
		GEN'L AGO	GREGATE LIMIT APP	LIES PER				PRODUCTS - COMP/OP AGG	\$ 2000000
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			OWNED AUTOS EDULED AUTOS					BODILY INJURY (Per person)	\$
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		ANY	OTUA					OTHER THAN AUTO ONLY:	\$
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	OFFIC	CER/MEMBE	ER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	
If yes, describe under SPECIAL PROVISIONS below						E.L. DISEASE - POLICY LIMIT	\$		
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R	esta	aurant			ES/EXCLUSIONS ADDED BY ENDORSE side seating- City o			S	
CERTIFICATE HOLDER C			CANCELLATI	CANCELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRAT					
				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITT					
				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHAL					
City of Portland				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
389 Congress Street Portland ME 04101				REPRESENTATIVES.					
							AUTHORIZED REPRESENTATIVE		
				Roswitha	Roswitha Coughlin				
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