Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BULLING

Permit Number: 090287

This is to certify thatFITZGIBBONS VIRGINIA S-	LEE F S USTEE/S u
has permission tooutside seating 3 tables and 6 C	irs-54 Sc
AT _594 CONGRESS ST	CI 037 G001001

provided that the person or persons, first or contaction accepting this permit shall comply with all of the provisions of the Statutes of Make and of the Construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ation o Not spectio must b nd writt give permissi procure befo this bui ig or pa hereof i lath or oth sed-in. 2 NOTICE IS REQUIRED. HO

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

City of Portland, N 389 Congress Street,		-				09-0287	Issue Date	i	037 G0	001001
Location of Construction:		Owner Name:	, 1 4.1.	(201) 011 011		er Address:			Phone:	-
594 CONGRESS ST		FITZGIBBON	IS VIRO	GINIA S & LE	318	S KANSAS RD	1			
Business Name:		Contractor Name	:		Cont	tractor Address:			Phone	
		Starbucks			Po	rtland				
Lessee/Buyer's Name		Phone:			Pern	nit Type:			_	Zone:
					Οι	atdoor Seating				B-3
Past Use:		Proposed Use:			Peri	mit Fee:	Cost of Wor	k: C	EO District:	7
Commercial - Starbuck	S	Commercial -				\$188.00	\$8	0.00	1	
		seating 3 table	s and 6	Chairs 54 sq ft	Approved			ECTION: Outa Group: U Type: Din		
						, 5	Denied	Use Grou		Type: On
							N	1	to Dr	dinane
Proposed Project Description							7		Z 1	/
outside seating 3 tables		54 Sa ft			Siam	natura:		Signatur	~~~~\~\	
outside seating 5 tables	and o Chairs.	5 4 5 4 11				ESTRIAN ACTI	VITIES DIST	Signature		
										David
					Acti	ion: Approv	ea App	oroved w/C	onditions	Denied
					Sign	nature:			Date:	
Permit Taken By:		oplied For:				Zoning	Approva	ıl		
Ldobson	04/07	7/2009		· 1.7					TEL A 1 D	
1. This permit applica			Spe	cial Zone or Revie	ws	Zonin	g Appeal		Historic Pres	servation
Applicant(s) from Federal Rules.	Building permits do not include plumbing, septic or electrical work.		oreland	☐ Variance ☐ Miscellaneous ☐ Conditional Use			Not in District or Landmarl			
			etland				Does Not Require Review			
			ood Zone				Requires Review			
False information a permit and stop all		a building	☐ Su	ibstivision		[Interpreta	ation		Approved	
			☐ Sin	te Plan		Approve	d		Approved w	/Conditions
!			Maj [Minor MM		Denied			Denied	,
			Date: 1	1/22/2		Date:		Dat	4/22	/09
			Date.	110101		Date.		Dat	6. 1/25/	0/
<i>;</i> .*				· 1					,	
Personal reservoir is										
			C	ERTIFICATI	ON					
I hereby certify that I an										
I have been authorized by										
jurisdiction. In addition shall have the authority										
such permit.			p			11041 10 0111010	• mo provi		(-) r	· F
SIGNATURE OF APPLICAL	NT			ADDRES	 S		DATE		 PHO	ONE
,							2			
DESPONSIBLE PERSONS	I CHARGE OF "	VODE TETT T					V. 1			ONIE
RESPONSIBLE PERSON IN	CHARUE OF W	OKK, IIILE					DATE		PHC	JINE.

•	*		ilding or Use Permit		Permit No: 09-0287	Date Applied For: 04/07/2009	CBL:	
389 Cor	ngress Street, 0410	of Tel:	(207) 874-8703, Fax: (207) 874-87	16	04/07/2007	03	7 G001001
Location o	of Construction:		Owner Name:		Owner Address:		Phone	:
594 CO	NGRESS ST		FITZGIBBONS VIRO	GINIA S & LE	318 KANSAS RI)		
Business N	Name:		Contractor Name:		Contractor Address:		Phone	2
			Starbucks		Portland			
Lessee/Bu	yer's Name		Phone:		Permit Type:			
					Outdoor Seating			
Proposed	Use:			Propo	sed Project Description	:		
Commers sq ft	rcial - Starbucks - c	outside se	ating 3 tables and 6 Chai	rs 54 outs	ide seating 3 tables a	and 6 Chairs 54 Sq ft		
•	Zoning	Status:	Approved with Condition	ns Reviewe	r: Tammy Munsor	n Approval D		04/23/2009
Note:							Ok to	Issue:
	outdoor seating is s cleared for pedestri	-	adjustment at any time fr	om the City's	traffic engineer who	ensures that the City	sidewa	alk is open
Dept:	Building	Status:	Approved with Condition	ns Review e	er: Tammy Munsor	n Approval D	ate:	04/23/2009
Note:	· ·				·		Ok to	Issue:
			roved for the area delines EWED ANNUALY	ated at the insp	ection and stated or	the permit, and mus	t be kep	pt on site.
2) The	tables and chairs m	ust not b	lock any means of egress	of any buildin	ng, even during stora	age.		
3) This	nermit approves o	ntside sea	ating only Any alcohol o	or entertainme	nt in this snace requi	ires licensing annrov	als fron	n the City

Clerk.





090287

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.

the City, payment arrangements must be made	before permits of any kind are accept	ed.
Location/Address of Outdoor Seating:	94 Congress Street	Portland, UE
Total Square Footage of Proposed Seating.		of Lot
Tax Assessor's Chart, Block & Lot Chart# 30 Block# 6 Lot#	Owner: BOBY Virginia FitzCABREN	Telephone: 207-647-2448
Lessee/Buyer's Name (If Applicable)	Applicant must be owner or Lessee Name Harbicks (office)	Annual Fee: <u>\$80</u> Sq Ft_Fee:
	Address 594 Congress t. Polycond sur City, State & Zip 64101	\$\frac{154 ptmc Direct @ \$\frac{1}{2}\$}{\text{Total Fee:}}
Current use: Coffee Shop Business name: Stanbuks Coffee Seating area dimensions: How many chairs? How many ta	bles? 3or Pending Con	
Who should we contact for the pre-inspection: Mailing address: 594 Covignos Italy		
Please submit all of the information outlined Failure to do so will result in the automatic d	U 11	n Checklist.
In order to be sure the City fully understands the Department may request additional information position us on-line at www.portlandmaine.gov , stop both 274-8703.	prior to the issuance of a permit. For	further information

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

This is not a permit; you may not commence ANY work until the permit is issued.

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.

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MEMORANDUM OF INSURANCE DATE 05-Nov-2008

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via http://www.marsh.com/moi?client=2061. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.

PRODUCER	COMPANIES AFFORDING COVERAGE
Marsh USA Inc. ("Marsh")	Co.A Zurich American Ins Co
INSURED Starbucks Corporation, et al* P O Box 34067	Co.B American Guarantee & Liability Ins Co
	Co.C Zurich Ins Co
Seattle, Washington 98124-1067 United States	Co.D American Zurich Ins Co

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 MEMORANDUM 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.

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS LIMITS IN USD UNLESS	
	INSURANCE		DATE	DATE	OTHERWISE	
A C	GENERAL LIABILITY	GL08378867-08 8828386	01-Oct-2007 01-Oct-2007	01-Oct-2010 01-Oct-2010	GENERAL AGGREGATE	USD 5,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	USD 2,000,000
	OCCURRENCE				PERSONAL AND ADV INJURY	USD 3,000,000*
ì				ļ	EACH	USD
l				l	OCCURRENCE FIRE DAMAGE	3,000,000* USD
ì	1				(ANY ONE FIRE)	3,000,000*
					MED EXP (ANY ONE PERSON)	NOT COVERED
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
1	Ì	,			BODILY INJURY	
]					(PER PERSON) BODILY INJURY	
)				ļ	(PER ACCIDENT)	
				(PROPERTY	
					DAMAGE	
В	EXCESS LIABILITY	AUC3781148-06	01-Oct-2008	01-Oct-2009	EACH	USD 10,000,000
1	UMBRELLA FORM				OCCURRENCE AGGREGATE	USD
					ACOREGATE	10,000,000
	GARAGE LIABILITY				AUTO ONLY (PER ACCIDENT)	
			•		OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
A	WORKERS	WC8378817-09	01-Oct-2008	01-Oct-2009	AGGREGATE	Charles have a
D	COMPENSATION / EMPLOYERS		01-Oct-2008 01-Oct-2008	01-Oct-2009	LIMITS	Statutory
	LIABILITY THE PROPRIETOR /				EL EACH ACCIDENT	USD 1,000,000
	PARTNERS / EXECUTIVE				EL DISEASE - POLICY LIMIT	USD 1,000,000
		1		!		

Page 2 of 4

	OFFICERS ARE: INCLUDED		<u>L</u>		EL DISEASE - EACH EMPLOYEE	USD 1,000,000
Α	PROPERTY	PPR2850979-11	01-Oct-2008	01-Oct-2009	PER OCCURRENCE	USD 1,500,000
		-				
1			<u> </u>	<u> </u>	<u> </u>	

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

MEMORANDUM OF INSURANCE

DATE 05-Nov-2008

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PRODUCER

Marsh USA Inc.

("Marsh")

INSURED

Starbucks Corporation, et al*

P O Box 34067

Seattle, Washington 98124-1067

United States

ADDITIONAL INFORMATION

*Coverage also applies for Starbucks doing business as the following:

- Seattle's Best Coffee
- Torrefazione Italia
- Tazo Tea Company
- **Ethos**
- Starbucks Coffee Canada, Inc.

As respects GENERAL LIABILITY policy numbers GL08378867-08 and 8828386:

Limits shown with asterisk (*) are \$1,000,000 in excess of \$2,000,000 per occurrence self-insured retention.

BLANKET NOTICE OF CANCELLATION (Form U-GL-113-B8 CW 04/89):

It is hereby agreed that the company will endeavor to send notice of cancellation to entities on file with the company as required by their written contract with the named insured.

AUTOMATIC ADDITIONAL INSUREDS (Form U-GL-113-B4 CW 04/89) - Except as more specifically provided below: Any entity the insured is required in a written contract to name as an Additional Insured is an Additional Insured but only with respect to liability arising out of the insured's premises, work for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of the insured's work to the extent set forth below:

- (1) The limits of insurance provided on behalf of the Additional Insured are not greater than those required by such contract.
- (2) The coverage provided to the Additional Insured(s) is not greater than that customarily provided by the policy forms specified in and required by the contract.

(3) All insuring agreements, exclusions and conditions of the policy apply.

(4) In no event shall the coverages or limits of insurance in the coverage form be increased by such contract. Subject to policy terms, conditions, and exclusions.

ADDITIONAL INSUREDS - MANAGERS OR LESSORS OF PREMISES (Form CG 20 11 01 96);

The policy includes as an Additional Insured all managers or lessors of all premises leased by the Named Insured where required by written contract, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to the Named Insured. The insurance does not apply to:

(1) Any "occurrence" which takes place after the Named Insured ceases to be a tenant in the leased premises. (2) Structural alterations, new construction or demolition operations performed by or on behalf of the Additional INsured.

Subject to policy terms, conditions, and exclusions.

ADDITIONAL INSURED MORTGAGEE, ASSIGNEE, OR RECEIVER (Form CG 20 18 11 85):

The policy includes as an Additional Insured all mortgagees where required by written contract, but only with

Page 3 of 4

respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by the Named Insured. Insurance does not apply to structural alterations, new construction and demolition operations performed by or for the Additional Insured.

Subject to policy terms, conditions, and exclusions.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (Form CG 20 10 07 04):

The policy includes as an Additional Insured any person or organization where required by written contract, but only with respect to liability arising out of the Named Insured's ongoing operations performed for the Additional Insured. Subject to policy terms, conditions, and exclusions.

ADDITIONAL INSURED - VENDORS (Form CG 20 15 07 04):

The policy includes as an Additional Insured any vendor for whom the Named Insured has agreed to provide such insurance under written contract, but only with respect to "bodily injury" or "property damage" arising out of the Named Insured's products which are distributed or sold in the regular course of the vendor's business. Subject to policy terms, conditions, and exclusions.

ADDITIONAL INSURED-STATE OR POLITICAL SUBDIVISIONS-PERMITS (Form CG 20 12 07 98);

The policy includes as an Insured any state or political subdivision that requires insurance coverage in order to grant a permit to the Insured. Insurance applies only with respect to operations performed by the Insured or on its behalf for which the state or political subdivision has issued a permit.

Subject to policy terms, conditions, and exclusions.

PRIMARY & NON-CONTRIBUTING WHERE REQUIRED BY CONTRACT (Form U-GL-113-B17 CW 04/89):

The insurance is primary when required by contract or permit, as respects any insurance maintained by any Third Party, and that any such insurance maintained by any Third Party is excess and noncontributory with the Named Insured's insurance policy.

WAIVER OF SUBROGATION (BLANKET) ENDORSEMENT

(Form U-GL-925-B CW 12/01) (WAIVER OF SUBROGATION):

When the Named Insured is required by a written contract or agreement, which is executed before a loss, to walve their rights of recovery from others, the insurance company agrees to walve their rights of recovery. This walver of rights is not a walver with respect to any other operations in which the Named Insured has no contractual interest.

As respects WORKERS COMPENSATION:

Policy numbers are as follows:

American Zurich Ins Co: WC8298255-06 Zurich American Ins Co: WC8378817-09

WAIVER OF SUBROGATION (Form WC 00 03 13 04/84):

The Company agrees to waive its rights under subrogation condition where required by written contract executed before loss. The waiver shall not operate to benefit, either directly or indirectly, any other person or organization.

As respects PROPERTY policy number PPR2850979-11:

Policy covers Buildings, Personal Property, and Business Interruption/Rental Income for "All Risks" of Physical Damage or Loss, subject to policy deductibles, terms, conditions and exclusions. Replacement Cost Valuation applies.

Plate Glass and Builders Risk coverage are included.

ADDITIONAL INSURED, LOSS PAYEE, OR MORTGAGEE:

Any party which the Named Insured is contractually required to include as an Additional Insured, Loss Payee, or Mortgagee is granted such status under this policy as such interest may appear. Coverage under the policy applies only to the extent of the coverage required by such contractual requirement and for the limits of liability specified in such contractual requirement, but in no event for insurance not afforded by the policy nor for limits of liability in excess of the applicable limits of liability of the policy.

The existence of more than one insured, Additional Insured or other interests shall not serve to increase the limits of liability of the policy.

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS (Waiver of Subrogation):

In the event of an Covered Causes of Loss or Specified Causes of Loss for which payment is made under the Policy, the Insurer shall have the right, but not hte obligation, to seek recovery, on behalf of the Insured or otherwise, to the extent of such payment, from any third parties potentially responsible for all of or part of the loss. However, the Insured may waive their rights against another party in writing:

1. Prior to a loss to Covered Property or Covered Business Income.

Page 4 of 4

- 2. After a loss to Covered Property or Covered Business Income only if, at the time of loss, that party is one of the following:
- a. Someone insured by the insurance policy;
- b. A business firm:
- (1) Owned or controlled by the Insured; or (2) That owns or controls the Insured; or c. A tenant of the insured.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.



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	ditional 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.

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:
Printed name Stephanil E. Cushman
Establishment Starbucks Office Company # 7433
Location 594 Congress Street
Portand, lee 04/01
0.00

