

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).					
Additional 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 of 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: Junilia Jenjer Date: 3/26/11
Printed name Swan M Danger
Establishment Mr. Santwick + Mrs Muffin
Location 3 Delline Que 60
0



47-A4

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.

New Application for Out	side Dining							
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 Seati		Square Foo	otage of Lot					
(39) 39 39 ft Hurtyrine 30 x 60.5								
Tax Assessor's Chart, Block & Lot	Phone#:		Owner: Fishman Keatty					
Chart# Block# Lot#	ワフス・		Ses 478 Houst and					
Applicant *must be owner or Lessee	Lessee/Buy		Annual Fee: \$80					
Name: Susan M Denyer mr Sandwich Amismuf Address	(If Applicab	ole)	Total Sq. Ft.					
Address:	in		2 7 7 40					
3 Leveng Cene	Mr Jan		Sq. Ft. Fee: \$ 78					
City, State & Zip:	4 mis	nuffer	Total Fee: \$ 158,00					
Current use: 3 Deer	3 DORTING ALDR							
Business name: Mr Sauce	lidech	9 m	is muffin					
Seating area dimensions:	3 +	-	3x5					
How many chairs? How i	many tables?	2+1	henst					
Yes Alcohol is served.			Still h					
No Alcohol being served.								
Who should we contact for the pre-inspe								
Mailing address: 3 Leering Que Parlantehone: 772-8041								
Please submit all of the information outlin	ned in the Ou	tdoor Dining	Application Checklist, Failure to					
do so will result in								
		6.1	DEC 21					
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	Tuspections of	flice room 31	5 City Hall or call 874, 8708					
www.portlandmante.gov, stop by the Duntang	g mapeedons o	mee, 100m 51	ocky Transfer can 6/4-6/ps.					
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								
and that I have been authorized by the owner to m	ake this applicat	ion as his/her a	uthorized 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 cettly that the Code								
enforce the provisions of the codes applicable to this permit.								
*								
Ci J CA E			Dun alala					
Signature of Applicant:			Date: 3/26/11					
Surguely Duger			-/					

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.

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Brandrall



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2011

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

ti	ne terms and conditions of the policy, of ertificate holder in lieu of such endorse	certain	policies may require an er							
	DUCER		- <i>F</i>	CONTACT Employe	e DEFREP					
At	lantic Insurance & Benefi	ts		PHONE (207) 220 0707 FAX						
58 High St				E-MAIL ADDRESS:						
		- viscali		PRODUCER CUSTOMER ID #:0000	2742					
	lfast ME 049	15		INS		NAIC #				
INSU	JRED			INSURER A: Peerless Insurance Company INSURER B:				24198		
Mr	. Sandwich & Mrs. Muffin			INSURER C:						
3	DEERING AVENUE			INSURER D :	1					
				INSURER E :						
DODGET 33TD 34T 043 04				INSURER F :	1					
co	VERAGES CERT	IFICA	TE NUMBER:CL1133100:			REVISION NUMBER:				
CE	HIS IS TO CERTIFY THAT THE POLICIES (IDICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY PI XCLUSIONS AND CONDITIONS OF SUCH P	QUIREM ERTAIN OLICIE	IENT, TERM OR CONDITION I, THE INSURANCE AFFORDI S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS	OOCUMENT WITH RESPECT TO	CT TO	WHICH THIS		
LTR		NSR W		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
	GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
	X COMMERCIAL GENERAL LIABILITY		BOP5112299	71/15/0010	11/15/2011	PREMISES (Ea occurrence)	\$	50,000		
A	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR		11/15/2010	11/13/2011	MED EXP (Any one person)	\$	5,000		
						PERSONAL & ADV INJURY	\$	1,000,000		
						GENERAL AGGREGATE	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO					BODILY INJURY (Per person)	3			
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	3			
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	5			
	HIRED AUTOS			1			s			
	NON-OWNED AUTOS						s			
	UMBRELLA LIAB OCCUR	-		17.00		EACH OCCURRENCE	5			
	EXCESS LIAB OCCUR CLAIMS-MADE					AGGREGATE	3			
	CEANGAINE						3			
	DEDUCTIBLE						\$			
	RETENTION \$ WORKERS COMPENSATION				1	WC STATU- TORY LIMITS ER	-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				1	E.L. EACH ACCIDENT	3			
	OFFICER/MEMBER EXCLUDED?	N/A				E L DISEASE - EA EMPLOYER	\$			
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - POLICY LIMIT				
	DESCRIPTION OF OPERATIONS below	-				C.E Dide. GE 7 data anni	1			
	CONTINUE OF COCRATIONS (LOCATIONS (LICENSES	ES (AH	ach ACORD 101 Additional Remarks	Schedule If more space	is required)	1				
DE:	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (Atta	ach ACORD 101, Additional Remarks	s Schedule, If more space	is required)					
CI	ERTIFICATE HOLDER			CANCELLATION	!					
City of Portland 389 Congress Street Portland, ME 04101				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						
				B Winslow/BRIDGE Brickgot la landon						

issued at: KEENE, NH

Agent No: 8210390

Agent: TELEPHONE (207) 338-9787

ATLANTIC INSURANCE & BENEFITS

58 HIGH STREET BELFAST, ME 04915

Notice Issued To:

MR SANDWICH & MRS MUFFIN 3 DEERING AVE PORTLAND, ME 04101 Account of:

MR SANDWICH & MRS MUFFIN

3 DEERING AVE PORTLAND, ME 04101

Company Name:

PEERLESS INSURANCE PO BOX 2051 KEENE, NH 03431-7051

our Insurance agency

184:047-A 004 DOOR (2) MBLES #3-5 Deering ST NOT to SCALE Poor (1) BENCH = (3'X5") (2) Thours TOTAL SEFT (46.54.2 Michine 1 A. Colins, CEO 11/51/40 596 E001 684110