

APPLICATION FOR TEMPORARY OUTDOOR DINING FOR RESTAURANTS AND EATERIES

*In accordance with Mayor Carlo DeMaria's Executive Order: "Temporary Outdoor Dining Policy,"
Signed June 2, 2020*

APPLICANT INFORMATION

1. Business name:

2. Business address:

3. Business phone number:

4. Owner/manager:

5. Owner/manager email address:

6. 24-hour contact name and cellphone number (In case of issues outside of normal business hours):

Name: _____ Cell: _____

7. The outdoor dining area will be located in the following: (mark all that apply)

Sidewalk Parking Lot Abutting Property (written approval required)

8. How many tables and chairs would you like to put in the outdoor dining area?

Tables: _____ Chairs: _____

9. Will you be using any barriers?

Planters Other Barrier, if other explain: _____

10. Will you be using umbrellas? ____ Yes ____ No

If YES, note that the umbrellas may not have any logos or signage.

11. Describe litter and noise mitigation plans:

12. Sign and date at the end of each statement to state that you understand and agree.*

I certify that any outdoor expansion that encroaches onto the right of way will comply with the public access requirements of the American Disabilities Act (ADA), and the rules and regulations set forth by the Massachusetts Architectural Access Board (MAAB). I also certify that I understand that failure to follow all requirements of the ADA and MAAB may result in an immediate suspension of my outdoor dining license.

Signature: _____ Date: _____

I understand that a 4-foot clearance between encroachments (tables and chairs) and obstructions, including street lights, parking meters, and trees must be maintained to allow ADA – compliant passing.

Signature: _____ Date: _____

I understand that under the Mayor's Executive Order, there are no entertainment licenses at this time, including background music/outdoor speakers.

Signature: _____ Date: _____

I understand that it is the responsibility of the license holder to stay informed regarding developing COVID-19 guidelines and requirements.

Signature: _____ Date: _____

I have a COVID-19 plan in place for staff and customers in alignment with the state and local guidelines for restaurants and eateries which requires reservations for service.

Signature: _____ Date: _____

*Typed electronic signature acceptable

13. Indemnification: The applicant and property owner (if different) must sign and date below.

The signatory shall be responsible for and shall indemnify and hold harmless the City of Everett from and against all damages, claims or demands that may, during the term of this license, arise by the negligent or intentional acts of signatory or signatory's employees.

Furthermore, the property owner (if not applicant) also grants permission for the applicant to operate as described herewith.

Applicant**

Signature: _____ Date: _____

Property Owner***

Signature: _____ Date: _____

**Typed electronic signature acceptable

*** A hand-written signature is required. Otherwise, signed written documentation from the property owner must be submitted granting permission to operate as described herewith, if not owner.

14. Proof of Insurance

The applicant must include with this application proof of the following insurance information:

- A) Insured's name on the certificate must be exactly the same as the legal license holder
- B) City of Everett, 484 Broadway, Everett, MA 02149 must be identified as the Certificate Holder
- C) The certificate's insurance must be a minimum of \$1,000,000.
- D) If operating within the public right-of-way, the City of Everett must be named as an insured.

15. I certify under possible penalty of perjury under the laws of this jurisdiction that all information is true and correct.

Applicant*

Signature: _____ Date: _____

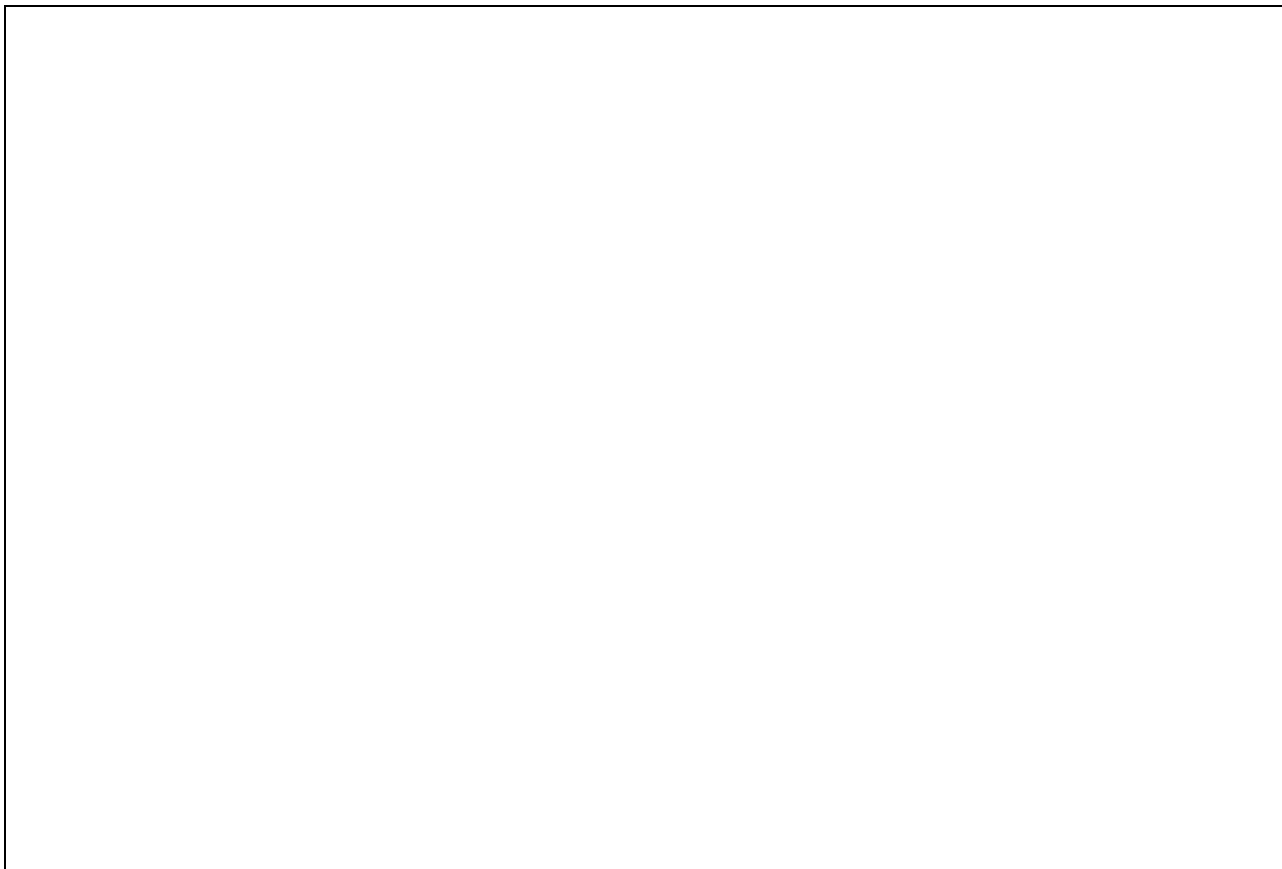
*Typed electronic signature acceptable

SITE PLAN

Plan – submit a drawing showing the parking space(s) you would like to use for outdoor dining that includes the following information:

- a. Distance between the entrance to your restaurant and the outdoor dining area.
- b. Layout of tables and chairs. **NOTE:** Tables must be spaced 6’ apart.
- c. Dimensions of tables.
- d. Photo or description of barriers to be used around the perimeter of the outdoor dining area. The City has a limited number of barriers that may be used as needed to supplement owners’ plans.

You may use the box below to illustrate your proposed dining area or submit an attachment.



This application along with any supplemental documents shall be submitted to the Department of Planning & Development, Director Tony Sousa via email at tony.sousa@ci.everett.ma.us

Your application will be shared with the following individuals below. However, please feel free to reach out to them directly with any specific questions.

Name	Email Address	Contact for Questions About...
Annette DeBilio, Secretary License Commission	Annette.DeBilio@ci.everett.ma.us	Licensing, liquor licensing, entertainment licensing,
Louis Staffieri Food Inspector	Louis.Staffieri@ci.everett.ma.us	Food and health safety
James Soper Inspectional Services Director	James.Soper@ci.everett.ma.us	ADA, accessibility, building code
For additional information regarding COVID safety and sector-specific guidance for reopening, go to: https://www.mass.gov/info-details/reopening-massachusetts		