

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

ORDER #21-17/18 – GRANTING DEB’S SANDWICH SHOP, 528 MAIN STREET, A USE OF PUBLIC SIDEWALK FOR OUTDOOR SEATING LICENSE.

POSITION:

The application was submitted and signed off by Corporation Counsel, Fire Department, Health Officer, Parks Director, Police Department and the Public Works Director, and property abutters have been notified by mail, as is required.

REQUESTED ACTION:

Passage of ORDER #21-17/18.

A handwritten signature in black ink, appearing to read "Jennifer S. Salley". The signature is written in a cursive, flowing style.



CITY OF SOUTH PORTLAND

PATRICIA SMITH
Mayor

SCOTT MORELLI
City Manager

SALLY J. DAGGETT
Jensen Baird Gardner & Henry

EMILY SCULLY
City Clerk

**IN COUNCIL
ORDER
#21-17/18**

District One
CLAUDE V.Z. MORGAN

District Two
PATRICIA SMITH

District Three
EBEN ROSE

District Four
LINDA C. COHEN

District Five
BRAD FOX

At Large
MAXINE BEECHER

At Large
SUSAN HENDERSON

ORDERED, that Deb's Sandwich Shop,
528 Main Street, be granted an Use of
Public Sidewalk for Outdoor Seating
License. Passage requires majority vote.

Dated: August 7, 2017



City of South Portland
 Office of the City Clerk
 25 Cottage Road
 South Portland, ME 04106
 207-767-7628

**Application for a Food Establishment-
 Public Sidewalk, Use of
 Sec 14-24**

Requested Dates - From: March 15, 2017 To: November 1, 2017

Fee: \$25.00

Please fill out this application completely

Please complete the following information (print);

Business Name:	<u>Deb's Sandwich Shop</u>	Telephone:	<u>(207) 773-4913</u>
Address of Business:	<u>528 main st. So. Portland, ME 04106</u>		
Owner of Business:	<u>Deborah Carter</u>		
Name of Manager at Establishment:	<u>Reborah Carter</u>		
Type of food served:	<u>Fast Food Take Out</u>		

1.No public sidewalk license shall be issued by the City Council until the applicant has filed with the City Clerk a certificate, in a form satisfactory to the Corporation Counsel, evidencing general liability coverage in an amount not less than \$400,000 combined single limit for personal injury and property damage, or such other amount as may be required to meet the maximum coverage provisions of the Maine Tort Claims Act (14 M.R.S.A. § 8001 *et seq.*) as it may be amended, whichever amount shall be greater, and naming the City as an additional insured. The Licensee shall maintain such insurance at all times while engaged in use of the public sidewalk, and the Licensee shall provide the City Clerk with not less than ten (10) days' advance written notice of the cancellation, expiration or non-renewal of said insurance.

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

Deborah Carter
 Signature

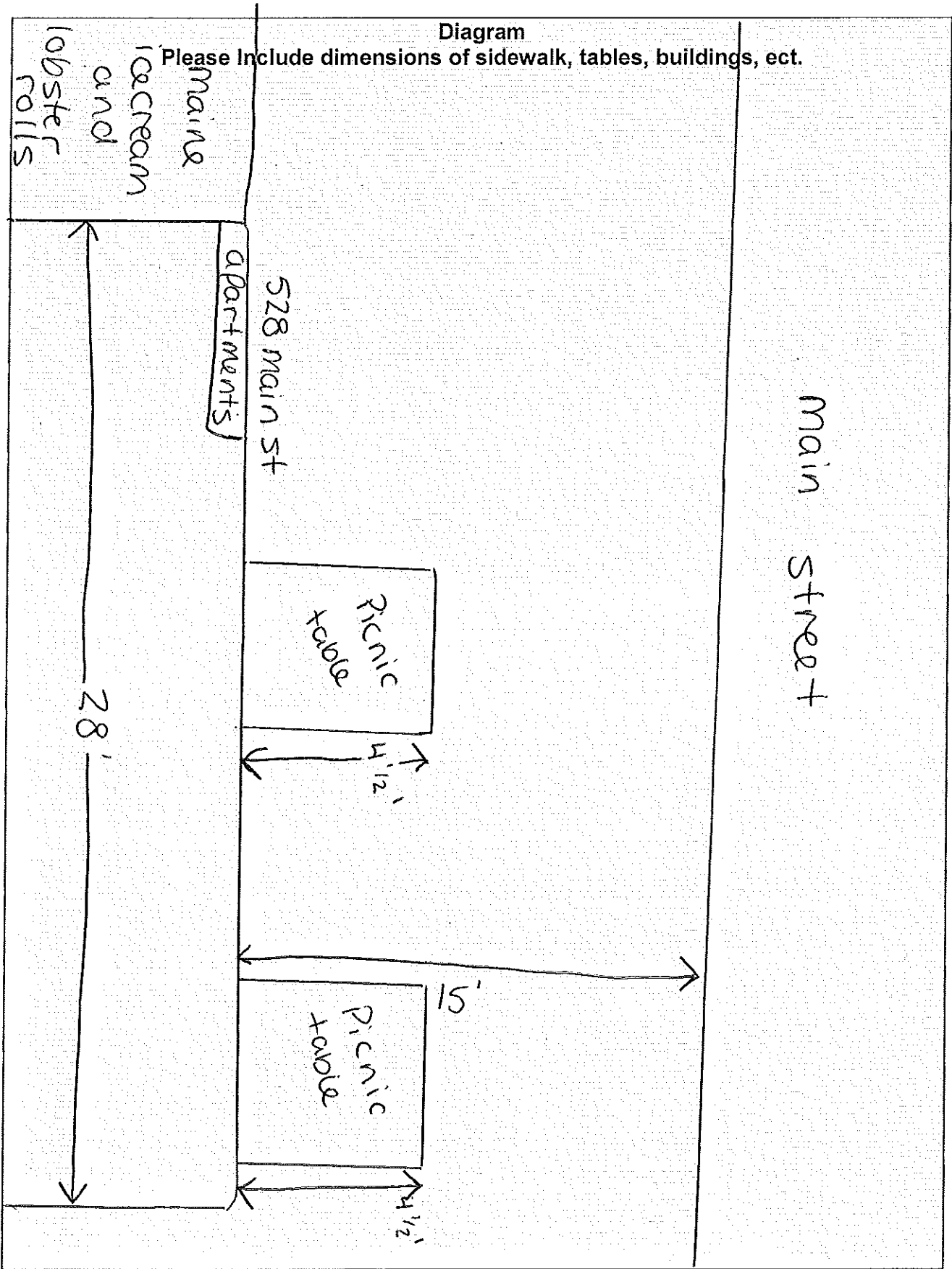
7-21-17
 Date

Date of Public Hearing: 8/7/17

Date Notified Abutters: 7/21/17

Diagram

Please include dimensions of sidewalk, tables, buildings, ect.



Client#: 966636

DEBORCAR2

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/26/2017

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 USI Insurance Svcs, LLC Sm CL 75 John Roberts Road, Building C South Portland, ME 04108 855 874-0123		CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 E-MAIL ADDRESS: FAX (A/C, No): 877-775-0110	
INSURED Deborah Carter DBA Deb's Sandwich Shop 628 Main Street South Portland, ME 04106		INSURER(S) AFFORDING COVERAGE INSURER A: MMG Insurance Company NAIC # 15997 INSURER B: Maine Employers Mutual Ins Co 11149 INSURER C: INSURER D: INSURER E: INSURER F:	

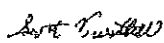
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	BP0416166	06/01/2017	06/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	1810046784	06/01/2017	06/01/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The General Liability policy include an Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

** Workers Comp Information **
 (See Attached Descriptions)

CERTIFICATE HOLDER The City of South Portland 25 Cottage Rd. South Portland, ME 04106	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 
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