

SOUTH PORTLAND CITY COUNCIL

POSITION PAPER OF THE CITY CLERK

SUBJECT:

***ORDER #22-17/18 – GRANTING MAINE ICE CREAM, 530 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 #22-17/18.

A handwritten signature in black ink, appearing to read "Joseph J. 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
#22-17/18**

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 Maine Ice Cream, 530
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:	Maine Ice Cream	Telephone:	541-3700
Address of Business:	530 Main Street, SP, ME 04106		
Owner of Business:	Peter Jordan		
Name of Manager at Establishment:	Peter Jordan		
Type of food served:	ice cream / lobster rolls		

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.

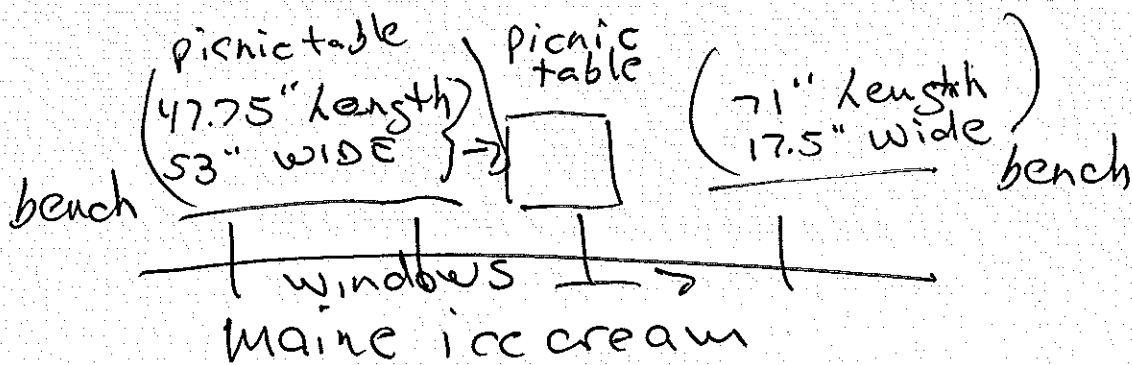
Peter Jordan
Signature

7/26/17
Date

Date of Public Hearing: 8/7/17 Date Notified Abutters: _____

Diagram

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





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Office of the City Clerk
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South Portland, ME 04106
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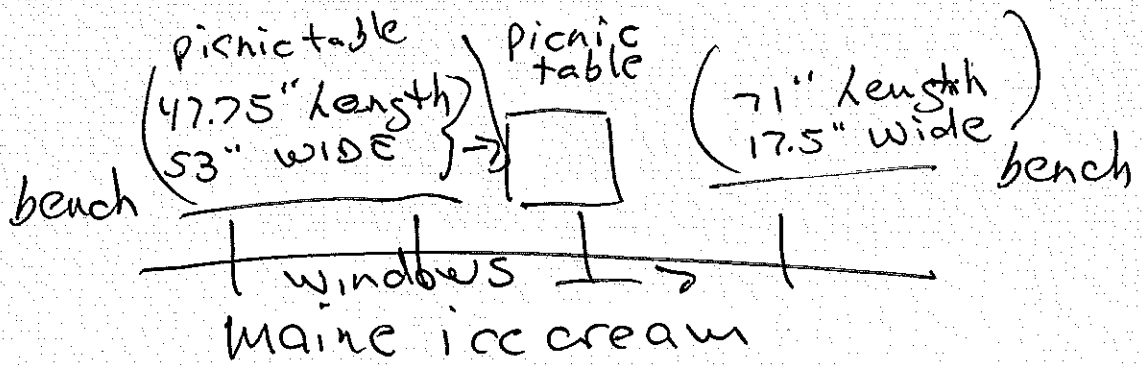
7/26/17
Date

Date of Public Hearing: 8/7/17

Date Notified Abutters: 7/28/17

Diagram

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



Municipal Use-Only

Date of Application: 7/28/17	Real Estate taxes paid:	Personal Prop taxes paid:
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	Approved	Disapproved	Signature
Corporation Counsel			
Fire Chief	✓		OK Jim
Health Officer			
Parks Director			
Police Chief	✓		OK Ed
Public Works			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2017

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 Anderson-Watkins Insurance 31 Central Street Westbrook ME 04092-	CONTACT NAME: Terry Maietta PHONE (A/C No., Ext): (207)856-5500 FAX (A/C No.): (207)856-0004 E-MAIL ADDRESS: lmaietta@andersonwatkinsinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Mutual</td> <td>24198</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual	24198	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															
INSURED Maine Ice Cream + Lobster Rolls LLC c/o Peter Jordan 43 Oak Ridge Dr Standish ME 04084-															

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 INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		X	BZS56663100	04/22/2017	04/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CERTIFICATE HOLDER IS ADDITIONAL INSURED PER WRITTEN CONTRACT

CERTIFICATE HOLDER City of South Portland 25 Cottage Rd. South Portland ME 04106-	CANCELLATION AI 046009 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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Sheressa L. Maietta</div>
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