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SELECTMEN'S OFFICE  
ARLINGTON, MA 02474

2022 FEB 11 AM 10:16

## Outdoor Restaurant and Retail Permit Application

This is an application to the Select Board of the Town of Arlington Massachusetts, for a permit to place and maintain an outdoor seating or retail installation on the public right of way in Arlington, Massachusetts described below:

(PLEASE TYPE OR PRINT)

Business Name:

SUGO CUCINA

Length of Storefront (ft):

24 FT

Business Address/Location:

162 MASS AVE

Width of Sidewalk along Storefront (linear ft); \*1:

8 FT 14 FT

Phone Number/Email:

781-648-0005

Length of Proposed Sidewalk Café (linear ft); \*2:

20 FT

Business Representative's Name:

RUDY MARISCALCO

Width of Proposed Sidewalk Café (linear ft); \*3:

6 FT

Name & Address of Building Owner:

# of Tables

4 to 6

# of Seats

18

\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

\*2: Measure from one outer edge of perimeter fencing/barrier to the other outer edge of perimeter fencing/barrier.

\*3: Measure from front Building Wall to outer edge of perimeter fencing/barrier.

Do you plan to erect a tent?\*: YES \_\_\_\_\_

NO ✓

\*If "YES," a copy of your application for or copy of a Building Permit from the Inspectional Services Department should be provided as part of this application.

Outdoor dining and retail areas of appropriate design, configuration and appearance can be an attractive amenity throughout the warmer months of the year. Outdoor Restaurant and Retail (ORR) permit applications will be reviewed by Town staff for compliance with these guidelines and will be forwarded to the Select Board office for administrative approval in the case of installations that have no public parking impacts. For applications that involve installations in public parking spaces, which are only available for use between April 15 and November 15 annually (subject to change due to weather conditions), a hearing before the Select Board will be scheduled to analyze the parking impacts of such an installation. ORR permits must be reapplied for annually to assure that they remain in compliance with terms of the original approval and are adequately maintained from year-to-year.

### 1) SUBMISSION AND APPROVAL OF APPLICATIONS

- Applications for ORR permits shall be submitted to the Select Board office.
- The Select Board office will review the application and plan for outdoor dining or retail area for completion and will distribute it to the Department of Health and Human Services, the Inspectional Services Department, and Department of Planning and Community Development. Staff may also refer the application to the Department of Public Works or the Fire Department if the application contains elements that warrant their review, such as parklet barriers, accessible ramps, or outdoor heaters.

- c) If the outdoor seating plan is approved by staff in each of the aforementioned departments, they will forward it to the Select Board office for administrative approval within ten business days of receipt by department staff. If additional information is needed or a revision to the seating plan is required, Town staff will contact the applicant.
- d) If the application involves public parking impacts, it will be forwarded to the Select Board office after staff review for a hearing to be scheduled. Applications shall be submitted on the attached form along with a site plan for the outdoor seating area and insurance certificates as described below.
  - i) Fee for installations that have no public parking impacts: Annual permit fee of \$50.00 payable to the Town of Arlington filed with the Select Board office.
  - ii) Fee for installations in public parking spaces: Annual permit fee of \$250.00 payable to the Town of Arlington filed with the Select Board office.
- e) A neatly drawn, scaled site plan depicting the precise area of the proposed outdoor dining or retail area, the arrangement of outdoor furniture, perimeter fencing, umbrellas, outdoor heaters, and any other equipment is required. Areas designated for picking up take-out food shall also be shown on the plan. Smoking is prohibited in all outdoor dining and retail areas. If an applicant will be utilizing an existing private parking lot or yard area, a site plan meeting the criteria outlined above is required. Outdoor installations proposed for a private parking lot shall not occupy more than 50% of the parking in the lot.
- f) Upon approval of an outdoor dining or retail area by the office of the Select Board, the owner and operator of the business and Select Board office staff will sign the License Agreement which has been prepared for these purposes by Town Counsel. The site plan must also include a picture or photograph of the proposed furniture in compliance with the following requirements:
  - i) No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Select Board of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - ii) The location of the outdoor dining or retail installation must be directly in front of the business operating the installation and may not extend beyond the side property lines. Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger, or interfere with pedestrian traffic, with a minimum width of four (4) feet of unobstructed passage for pedestrian traffic. In some cases, with prior approval from the Select Board and the Department of Public Works (DPW), the applicant can erect temporary barriers on the street to allow for the passage of pedestrians and wheelchairs around the portion of sidewalks devoted to outdoor installations, in compliance with Americans with Disabilities Act standards.
  - iii) No installation furniture or other infrastructure shall be affixed, erected, installed, placed, used, or maintained within five (5) feet of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - iv) Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Select Board not to exceed \$100 for removal, storage, or destruction.
  - v) No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café.
  - vi) Lighting for outdoor installations is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures. Seating capacity must not exceed the maximum number of allowed seats per accessible restroom according to the Massachusetts State Building Code—780 CMR.
  - vii) Physical barricades surrounding/framing sidewalk cafés are required. Appropriate perimeter materials include but are not limited to demountable wrought-iron fences, wood or terra cotta planters, or other fencing deemed acceptable by Town staff. The public sidewalk or street may not be damaged by the installation of any perimeter treatment. Cafe umbrellas and furniture should be of a design appropriate to the character of the building. Trash receptacles are the responsibility of the applicant to empty and maintain and should be integrated in the design and materials with other outdoor cafe elements.

- g) Insurance: The Business Owner shall carry carried Workers' Compensation Insurance for all employees and those of its contractors and/or subcontractors engaged in work at the outdoor dining or retail installation, in accordance with the State Workers' Compensation Laws. In addition, the Business Owner shall carry Comprehensive Public Liability and Property Damage Liability Insurance with limits hereinafter set forth to cover the Business Owner and its contractors and subcontractors against claims due to accidents which may occur or result from operations under this Agreement. Such insurance shall cover the use of all equipment related to the provision of outdoor dining or retail services. The Comprehensive Public Liability and Property Damage Liability Insurance shall insure against all claims and demands for personal injury and property damage with respect to the sidewalk dining facilities and services, with limits of One Million Dollars (\$1,000,000) for property damage, One Million Dollars (\$1,000,000) for injury or death to one (1) person, and Two Million Dollars (\$2,000,000) for injury or death of more than one (1) person in a single accident. If such limits are not commercially available at a reasonable cost to the Business Owner, such insurance may be maintained at such lower limits that are commercially available at a reasonable cost; provided, however, that the Business shall notify the Town in advance of the effective date of any such lower limits. The Town shall be named as an "additional insured" in all policies for such insurance and the Business Owner shall furnish a certificate of insurance to the Town prior to commencing provision of the facilities and services authorized under these regulations. Where such insurance is renewed or replaced the Business Owner shall furnish the Town with a certificate of insurance evidencing the same.

## 2) COMPLIANCE REQUIREMENTS

- a) By signing this application, the Applicant agrees to accept and comply with the following requirements:
- i) All services and customer activity must occur within the designated outdoor dining or retail area.
  - ii) Permit holder is responsible for proper supervision of the outdoor dining or retail area to ensure the requirements of this section are met.
  - iii) Permit holders must ensure that the requirements for operation are met. Patrons must always wear shoes and shirts.
  - iv) All outdoor installations must always maintain at least one opening for ingress and egress. All outdoor installations shall abide by all requirements of the currently adopted International Building Code and the Americans with Disabilities Act.
  - v) To the extent applicable, outdoor installations must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Select Board. Outdoor food preparation is not allowed unless specifically authorized by the Health Department. Approval of an outdoor dining area shall not to be construed as an approval for the alteration or extension of premises where alcoholic beverages are served. The serving or consumption of alcohol outside of the premises of a duly licensed establishment to serve alcohol must be approved by the Select Board on a case-by-case basis. Interested establishments with alcohol licenses should submit an additional request for a temporarily amended alcohol license to the Select Board. The only change permitted is to the description of the premises providing that alcohol may be served in outdoor seating that was added or re-configured pursuant to these regulations.
  - vi) All areas within and surrounding an outdoor dining or retail area must be maintained in a clean, neat, and sanitary condition.
  - vii) All permit holders shall be required to abide by all federal, state, and local laws. In no event shall the overall number of seated customers shall exceed the number of seats available.
- b) Revocation: ORR permits may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke an ORR permit shall be given in writing days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.
- c) Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- d) Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated 2/2/22, 2022 By: Rudy Mariscalco

(Signature)

(Print Name & Address) Rudy Mariscalco 162 MASS AVE ARLINGTON



RJMINC0-01

MRUBINO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2019

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 have ADDITIONAL INSURED provisions or 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 License # 1780862<br>HUB International New England<br>300 Ballardvale Street<br>Wilmington, MA 01887 | CONTACT NAME:                                 |                               |
|                                                                                                               | PHONE (A/C, No, Ext): (978) 657-5100          | FAX (A/C, No): (978) 988-0038 |
| INSURED<br><br>RJM, Inc.<br>162 Massachusetts Avenue<br>Arlington, MA 02474                                   | E-MAIL ADDRESS:                               |                               |
|                                                                                                               | INSURER(S) AFFORDING COVERAGE                 |                               |
|                                                                                                               | INSURER A: Merchants Mutual Insurance Company |                               |
|                                                                                                               | INSURER B:                                    |                               |
|                                                                                                               | INSURER C:                                    |                               |
|                                                                                                               | INSURER D:                                    |                               |
| INSURER E:                                                                                                    |                                               |                               |
| INSURER F:                                                                                                    |                                               |                               |

NAIC #

23329

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | BOPI103698    | 5/6/2019                | 5/6/2020                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>Liquor Liability \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                     |           |          | BOPI103698    | 5/6/2019                | 5/6/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                                                 |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                            |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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

## CANCELLATION

Town of Arlington  
730 Mass Avenue  
Arlington, MA 02476

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

# PRIVATE—pending approval

- Sugo (private parklet)—6 barriers

