



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:

Length of Storefront (ft):

Fusion Taste

Business Address/Location:

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

303 Broadway Arlington

Phone Number/Email:

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

amyz1203@gmail.com

Business Representative's Name:

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

SHU YING ZENG

Name & Address of Building Owner:

FAMOLARE George 98 Terrace Rd Medford, MA

of Tables

of Seats

5

20

02155

*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.

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

Dated 5-10-, 2022 By: Shu Ying Zeng
(Signature)

(Print Name & Address) Shu Ying Zeng 53 Pine St Boston



FUSITAS-01

JDADGAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2022

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 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME:	FAX (A/C, No): (781) 932-6341
	PHONE (A/C, No, Ext): (781) 933-2626	
INSURED Y Plus Y Inc. DBA Fusion Taste 303-305 Broadway Arlington, MA 02474	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Wesco Insurance Company	NAIC # 25011
	INSURER B:	
	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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: Liquor Liability: \$1MILLION			WPP1519833 05	3/3/2022	3/3/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 6,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
RE: Restaurant with outdoor seating located at 303-305 Broadway, Arlington, MA.

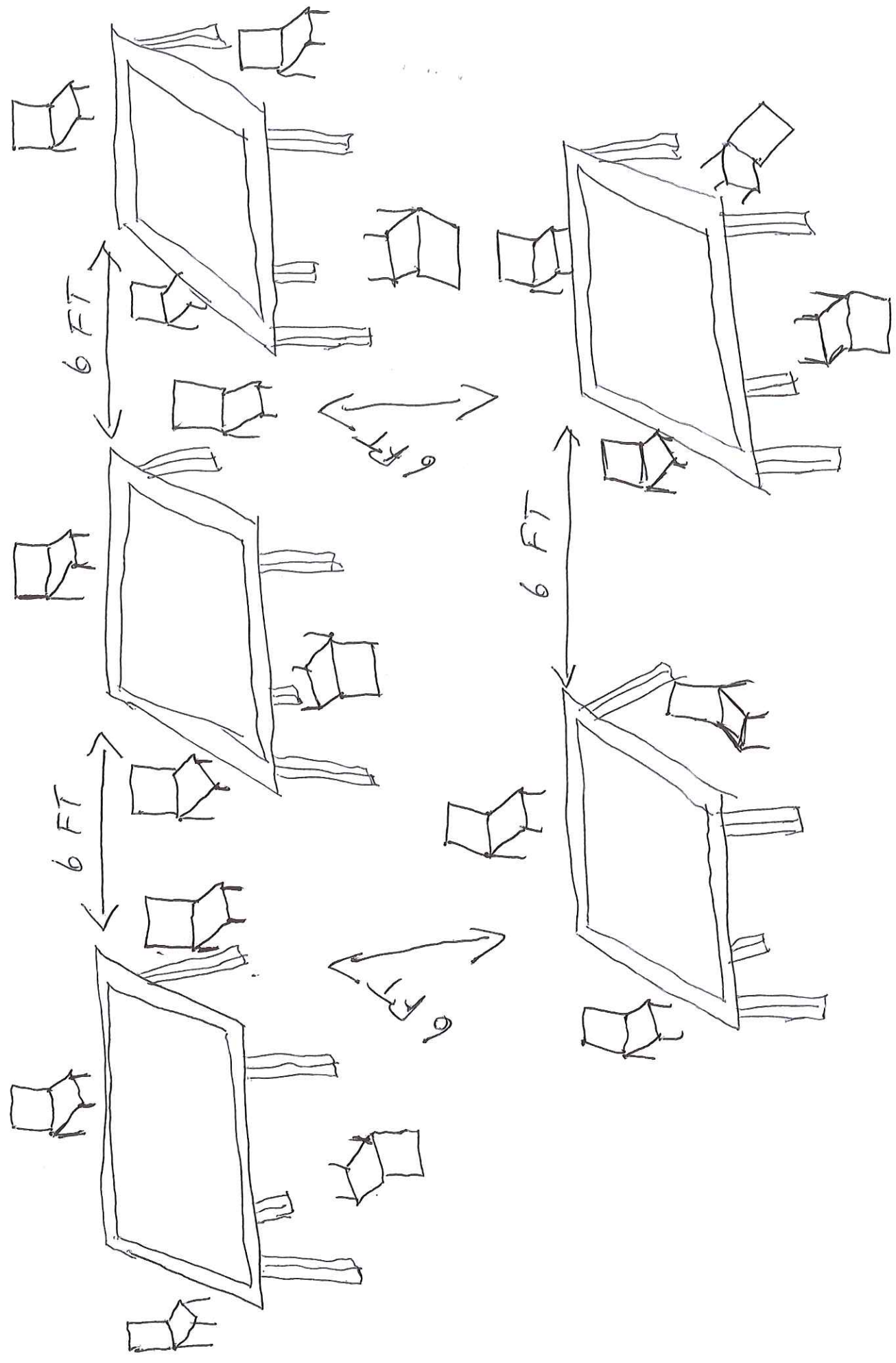
CERTIFICATE HOLDER

CANCELLATION

Town of Arlington
730 Mass Ave
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



Fusion Taste

