

**SIDEWALK CAFÉ PERMIT
AUBURN, NEW YORK
Fee: \$50.00 per year**

Completed Applications need to be submitted to the City Clerk's Office, first floor, Memorial City Hall, 24 South St. Auburn, NY 13021

****Please plan for a minimum of three (3) weeks to obtain approval for a café permit****

Sidewalk Café permits are valid during the dates listed on the permit when issued by the City Manager.
Notaries are available at City Hall for all forms that need to be notarized.

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____

Email: _____

Business Name: _____

Business Address: _____

Business Phone #: _____

Owner of Property (if different than applicant): _____

- Do you plan to cook or prepare food outside as part of this café? (Cooking food outside may require additional permitting from the County Health Department): _____ Yes _____ No

_____ Signature of Applicant	_____ Title	_____ Date
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Please note, all supporting documentation listed below must accompany this permit application to be received by the City Clerk's Office. Any application that is missing required documentation will NOT be accepted.

Application Supporting Documentation Checklist:

- ____ 1. Three (3) copies of an accurate café site plan
- ____ 2. Certificate of General Liability Insurance
- ____ 3. Certificate of Workers' Compensation Insurance
- ____ 4. Certificate of Disability Benefits Insurance
- ____ 5. Hold Harmless Agreement signed and notarized
- ____ 6. Acknowledgement of Sidewalk Café Regulations signed and notarized
- ____ 7. A copy of your liquor license issued by the NY State Liquor Authority
- ____ 8. \$50 per year fee. Check made payable to City of Auburn

SIDEWALK CAFÉ APPLICATION

INSURANCE AND OTHER REQUIREMENTS CHECKLIST

1. Three (3) copies of drawings of the proposed café must be submitted. An accurate site plan is required showing the front building wall, listing the correct dimensions of the café area and sidewalk area out to the curb, including any and all obstructions. The sidewalk area immediately adjacent on each side of the property shall also be shown. Details of railing, canopy, etc. and a description of the method securing same to the sidewalk and the building will be required.
2. Proof of a Certificate of Comprehensive General Liability Insurance in the amount of \$1,000,000 combined single limit (GLC) per occurrence with the City of Auburn, 24 South St., Auburn, NY 13021 as the named certificate holder. The description of operations needs to state “Certificate holder is additional insured regarding general liability for sidewalk café”. See attachment, all highlighted parts of the attached example form must be completed.
3. Proof of a Certificate of Workers’ Compensation Insurance, with the City of Auburn as the named certificate holder. See attachment, all highlighted parts of the attached example form must be completed.
4. Proof of a Certificate of Insurance Coverage for Disability and Paid Family Leave Benefits Law, with the City of Auburn as the named certificate holder. See attachment, all highlighted parts of the attached example form must be completed.

**Please note: Pertaining to requirements above, acceptable insurance shall be from a company authorized to transact business in the State of New York and subject to the supervision and regulation of the New York State Department of Insurance.*

5. A hold harmless agreement by the owner of the property must be signed and notarized, notaries are available at City Hall. (See page 4 of the application)
6. Acknowledgement of Sidewalk Café Regulations must be signed and notarized, notaries are available at City Hall. (See page 6 of the application)
7. A copy of your license from the NY State Liquor Authority must be included with the application for a sidewalk café if you are an establishment that serves alcohol. **This license must reflect the State Liquor Authority’s permission to serve alcoholic beverages at the exterior Sidewalk Café.**

PROCEDURE FOR ISSUANCE OF A SIDEWALK CAFÉ PERMIT

***** Please plan for three (3) weeks to obtain approval for a café permit *****

1. Applications for a sidewalk café permit are available at the City Clerk's Office. The application must be filled out and returned to the City Clerk's Office along with all required supporting documentation.
2. After receipt of application and plans by the City Clerk, a copy of the application and plans will be sent to the Code Enforcement Office for review of safety and location of the café. As part of the review process, seating capacity of the café area will be determined based on Municipal Code (15sf/person). Code enforcement will also review to see that the café site plan meets all City code and Americans with Disabilities Act (ADA) requirements.
3. Upon approval from the Code Enforcement Office, the City Manager shall issue a permit, valid for a period between the dates listed on the permit when issued.
4. The City Clerk's Office will then mail the approved permit to the applicant, who must visibly display the hard copy permit at all times on the premises.

NOTE: Applications that do not match the definition of a sidewalk café will be reviewed and the appropriate application will need to be submitted. Larger events (i.e. those which will require an entire Mall area or a street) will require a separate permit for each event, which can be obtained in the City Manager's Office.

CITY OF AUBURN, NEW YORK

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

FOR SIDEWALK CAFÉ

The sidewalk café owner/operator agrees to fully indemnify, save and hold harmless the City of Auburn, New York and all its officers, agents and employees from and against any and all liability of any type whatsoever including but not limited to any and all damages, expenses, causes of action, lawsuits, claims, penalties, fines, assessments of judgment relating to or arising out of or occurring in connection with any use of the City right-of-way between the curb and the operators building to be used as a sidewalk café.

Dated: _____

Printed Name of Owner/Operator

Signature of Owner/Operator

ACKNOWLEDGEMENT (sign in the presence of a Notary Public)

STATE OF NEW YORK)
COUNTY OF CAYUGA) ss.:

On the ____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

SIDEWALK CAFÉ REGULATIONS

(Revised March 2016)

1. A sidewalk café shall be permitted upon application to the City Clerk's office, first floor, Memorial City Hall, 24 South Street in Auburn, NY. A sidewalk café should not be installed until the Sidewalk Café Permit has been issued by the City Manager.
2. A sidewalk café is defined as tables and chairs placed on the sidewalk or in the area between the sidewalk and the curb providing outdoor seating for the purpose of accommodating seated patrons of a restaurant located immediately adjacent to the café area.
3. A café in the public right-of-way shall be located in such a position that will allow the maintenance of at least four (4) feet of unobstructed hard-surfaced sidewalk between the café and any tree, bench, pole, sign, flower bed, or other obstacle in the public right-of-way. Space must be maintained to allow for passage of a wheelchair. If canopies or umbrellas are used at a café they must maintain a clearance of eight (8) feet from the ground.
4. No signs shall be hung or attached to any portion of the café.
5. Hours of café operation shall be during the hours between 6:00 a.m. – 11:00 p.m. Café operations must cease and area cleared by 11:00 p.m. to accommodate residential occupants of nearby buildings. All patrons must be vacated from the café by 11:00 p.m. The sidewalk café must be kept clean and free of grease, cooking residue, food scraps and litter at all times.
6. No music, from whatever source (acoustical, electric, or other) may be played on the premises outdoors between the hours of 8:00 p.m. and 9:00 a.m. unless written permission is obtained by the City Manager.
7. Sidewalk café permit includes facilities for the sale of food and non-alcoholic beverages, and shall not include facilities for sale of any other kind or type of goods, wares, merchandise or services. The granting of a sidewalk café permit hereunder does not authorize the sale of alcoholic beverages. The State Liquor Authority has exclusive jurisdiction. A copy of your license from the State Liquor Authority must be included with the application for a sidewalk café permit. This license should reflect the State Liquor Authority's permission to serve alcoholic beverages at the Sidewalk Café.
8. Tables and chairs may not be chained or otherwise attached to street light poles, street trees, or other street appurtenances.
9. No smoking is allowed on any sidewalk café.

SIDEWALK CAFÉ REGULATIONS (Cont.)

10. The operator of a sidewalk café must visibly display the hard copy permit card at all times on the property.
11. The operator of a sidewalk café is responsible for complying with all conditions of the permit. Failure to adhere to any of the sidewalk café regulations and all other provisions of the Code of the City of Auburn, New York, County of Cayuga and State of New York may result in the revocation of the permit.
12. At any time the City Manager, City Code Enforcement personnel and Auburn Police Department personnel may impose any other restrictions on the location, size or design of the café that, in their sole judgment, protects the health, safety and welfare of the public.
13. The City Manager of the City of Auburn reserves the right to revoke or revise any issued Sidewalk Café Permit at any time. Any violation of these regulations or any other City, County, and State regulations governing this operation will result in immediate revocation of this permit.
14. These regulations may be revised periodically as deemed appropriate by the City Manager.

ACKNOWLEDGEMENT (sign in the presence of a Notary Public)

The sidewalk café owner/operator acknowledges receipt of the above listed City of Auburn, New York Sidewalk Café Regulations and agrees to fully adhere to the regulations as listed.

_____/_____/20____
Printed Name of Owner/Operator Signature of Owner/Operator Date

STATE OF NEW YORK)
COUNTY OF CAYUGA) ss.:

On the _____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AF

DATE (MM/DD/YYYY)

09/10/2020

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

CONTACT NAME:

PHONE

(A/C, No. Ext):

FAX (A/C, No.):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

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 INSR	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 <input type="checkbox"/> OTHER	Y					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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 EXCESS LIAB 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 regarding General Liability for sidewalk cafe.

CERTIFICATE HOLDER

CANCELLATION

City of Auburn
24 South Street
Auburn, NY 13021

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



Workers'
Compensation
Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) City of Auburn 24 South St Auburn NY 13021	3a. Name of Insurance Carrier 3b. Policy Number of Entity Listed in Box "1a" 3c. Policy effective period _____ to _____ 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (9-17)

www.wcb.ny.gov



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)

1b. Business Telephone Number of Insured

1c. Federal Employer Identification Number of Insured
or Social Security Number

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

City of Auburn

24 South Street

Auburn, NY 13021

3a. Name of Insurance Carrier

3b. Policy Number of Entity Listed in Box "1a"

3c. Policy effective period

to

4. Policy provides the following benefits:

☒ A. Both disability and paid family leave benefits.

☐ B. Disability benefits only.

☐ C. Paid family leave benefits only.

5. Policy covers:

☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.

☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 10/19/2020

By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100

Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

