

APPLICATION FOR LICENSE – WINTER SIDEWALK CAFES & RESTAURANTS

Please read requirements (attached ordinance)

TO THE MAYOR AND COUNCIL OF THE BOROUGH OF RED BANK:

The undersigned hereby applies for license to operate the facility hereinafter described, and submits the following facts and representations for the purpose of such application.

1. NAME OF APPLICANT: 416, LLC dba Pazzo

2. ADDRESS WHERE LICENSE WILL BE LOCATED: 141 W. Front

3. DATE: 3/2/15

4. TYPE OF INSURANCE COVERAGE - Certificate of Insurance must be submitted with application:

5. OTHER INFORMATION REQUIRED BY BOROUGH CLERK AND/OR MAYOR AND COUNCIL:

a. 2014 Food Handlers No. 95
~~188~~

6. ANNUAL FEE ACCOMPANYING THIS APPLICATION:
APPLICATION FEE: \$100.00

\$ 100.00

315 Sq. ft. @ \$2.00 per sq. ft. (1st year only)

\$ Pd

315 Sq. ft. @ \$4.00 per sq. ft. (2nd & subsequent years)

\$ 1260.00

TOTAL LICENSE FEE FOR YEAR 20 15 \$ 1360.00

7. APPLICANT WILL ACCEPT LICENSE SUBJECT TO ALL CONDITIONS SET FORTH IN ANY ORDINANCE OR RESOLUTION HERETOFORE ADOPTED BY THE MAYOR AND COUNCIL OF THE BOROUGH OF RED BANK, PERTAINING TO THE NATURE OF THIS LICENSE, WHICH SAID ORDINANCE OR RESOLUTION IS MADE A PART HEREOF.



APPLICANT

Referred to:

Fire Prevention Official: _____ Date: _____

Police Department: _____ Date: _____

Referred to: Mayor/Council: _____ Date: _____

Action Taken: Granted: _____ Denied: _____

LICENSE ISSUED: _____ Number: _____

SIGNED: _____
BOROUGH CLERK



416LLC0-01 KBERKOWITZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/2014

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 B & B of Westchester, LLC 555 Taxter Road, Suite 125 Elmsford, NY 10523-2336	CONTACT NAME: PHONE (A/C No. Ext): (914) 948-2628 FAX (A/C No.): (914) 948-2843 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Starr Surplus Lines Ins. Co. INSURER B: Torus Specialty Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:
INSURED 416 LLC 141 West Front Street Red Bank, NJ 07701	NAIC #

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Liab GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			SISAMO263714	05/03/2014	05/03/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			SISAMO263714	05/03/2014	05/03/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☒ RETENTION \$ 10,000 OCCUR CLAIMS-MADE			85499F141ALI	05/06/2014	05/06/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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)
RE: Sidewalk cafe Seating

CERTIFICATE HOLDER

CANCELLATION

Boro of Red Bank 90 Monmouth Street Red Bank, NJ 07701	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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ACORD 25 (2014/01)

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