



# City of Brockton

**ROBERT F. SULLIVAN**  
MAYOR

## **APPLICATION FOR TEMPORARY EXTENSION OF PREMISES FOR OUTDOOR TABLE SERVICE**

*Note: This application is to be used only for temporary permitting of outdoor table service during the period in which applicable COVID-19 Emergency Orders are in effect. All amended licenses and permits will automatically revert back to their original status on November 1, 2020, or until rescinded by future Order, whichever is sooner.*

### **1. BUSINESS ENTITY INFORMATION**

Restaurant Name (D/B/A): \_\_\_\_\_

Legal Name (Individual/Corporation), if different: \_\_\_\_\_

ABCC License Number, if applicable: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

### **2. CONTACT INFORMATION**

*The application contact is the person who should be contacted with any questions regarding this application.*

Applicant/ Contact Name: \_\_\_\_\_

Title (e.g. Owner, Manager, etc.): \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **3. CURRENT LICENSED ESTABLISHMENT**

Does the establishment currently hold a common victualer license? ☐ Yes ☐ No

Is the establishment currently licensed to serve/pour alcohol on-premises? ☐ Yes ☐ No

Please indicate by what means the entity occupies the *current* licensed establishment:

☐ Own ☐ Lease ☐ Tenant at Will

If the entity does not own the current licensed premises, please provide the following:

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

Landlord Telephone Number: \_\_\_\_\_

#### 4. **PROPOSED PREMISES FOR OUTDOOR TABLE SERVICE**

Outdoor Dining Area Address: \_\_\_\_\_

If the area to be used for temporary outdoor table service is owned by a private third party, please provide the following:

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

*If the establishment does not own or control the proposed premises for outdoor table services, applicant will need to submit evidence showing permission of the owner or party in charge of that area to utilize the space for outdoor table service.*

Please specify the location(s) of outdoor dining area(s) proposed (*check all that apply*):

☐ Deck      ☐ Patio      ☐ Lawn      ☐ Parking Lot      ☐ Sidewalk\*      ☐ Street/ "Parklet" \*

☐ Other (please specify): \_\_\_\_\_

*\*Note: Applicant must complete supplemental sidewalk dining application and receive City License.*

For the proposed area for temporary outdoor table service, please provide the following:

Square Footage: \_\_\_\_\_ Number of Seats: \_\_\_\_\_ Number of Tables: \_\_\_\_\_

Number of Entrances: \_\_\_\_\_ Number of Exits: \_\_\_\_\_

Are building modifications or new construction needed for the new outdoor dining area? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Please describe the barriers that will be used around the perimeter of the outdoor dining area. It is recommended that photos of the proposed barriers be provided.

\_\_\_\_\_

Will applicant be utilizing umbrellas? ☐ Yes ☐ No

Will applicant be utilizing a tent or other covering? ☐ Yes\*\* ☐ No

If yes, what are the dimensions: \_\_\_\_\_

*\*\*Note: In accordance with Executive Order COVID-19, No. 35, 50% of the cover's perimeter must be open. It is recommended that photos of the proposed tent be provided.*

Please describe how patrons will access the outdoor dining area from the entrance of the establishment:

\_\_\_\_\_

If outdoor dining area will be located in a parking lot, please provide the following:

Number of Parking Spaces Currently: \_\_\_\_\_ Number of Parking Spaces Proposed: \_\_\_\_\_

Please provide a complete description of the changes proposed to the premises area to be licensed for temporary outdoor table service. **All applicants must also submit a detailed floor plan** drawn to scale depicting the proposed area for outdoor table service, including the layout of tables at least six feet apart, the number of seats per table, the dimensions of tables, barriers and/or fencing separating patrons from non-patrons, locations of directional signage, signage posted to employ social distancing and hygiene protocols; proper access and egress, and all other physical features in the extended premises area. For applicants proposing to utilize public sidewalks and/or streets, please include all physical features in the immediate vicinity including driveways, wheelchair ramps, fire hydrants, trees, poles, etc. Please label the name of street, width of sidewalk, length and width of sidewalk or street area being utilized for outdoor dining, and demonstrate compliance with all applicable setbacks. *Please attached sketch and photos (internet satellite images recommended); include additional pages as necessary.*

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## 5. ALCOHOL SALES AND CONSUMPTION

Will alcohol be served in the outdoor dining area? ☐ Yes\*\*\* ☐ No

If yes, describe how the establishment will manage to confine alcohol consumption to the premises:

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\*\*\*Note: Food must be served with alcohol service.

## 6. HOURS OF OPERATION

Please indicate your current licensed hours of operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation							

Please indicate your proposed hours of operations for outdoor dining:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation							

## 7. GOOD NEIGHBOR PRACTICES

Please identify the nearest residential property in relation to the proposed outdoor dining area:

Please identify nearby residences or businesses that may be disturbed by noise or other aspects of the proposed outdoor dining and describe how you will monitor and minimize such disruptions:

## 8. APPLICATION CHECKLIST

Please attach the following documents for your application to be deemed complete:

- ☐ Proof of ownership, lease, license rights or permission to utilize the area proposed for Outdoor Table Service.
- ☐ A completed written COVID-19 Control Plan (State of MA mandatory self-certification form).
- ☐ A detailed floor plan drawn to scale depicting the proposed area for outdoor table service.
- ☐ Proof of Insurance: Workers Compensation OR an affidavit that the establishment has no employees.
- ☐ Proof of Insurance: Liquor Liability – including the extended premises areas (if serving alcohol).
- ☐ *Sidewalk/Street dining only*: Complete Supplemental Application for Temporary Outdoor Table Service on a Public Way.

## 9. APPLICANT'S CERTIFICATION

I, authorized signatory, hereby submit this application to the City of Brockton for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- 1) I understand the requirements of and certify that my establishment will comply with all of the Massachusetts Mandatory Safety Standards (e.g. workplace and restaurants) in effect as they relate to COVID-19.
- 2) I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or sanctions or revocation of the approval.
- 3) I understand that the licensee's failure to operate the licensed premises in accordance with the rules of the Brockton License Commission, requirements established by the Governor's June 1, 2020 Order No. 35, applicable laws, regulations, and City ordinances, and any safety requirements imposed by the City may result in sanctions, modifications, or revocation of the approval.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Signatory (please print/type)

\_\_\_\_\_  
Title

### **HOW TO SUBMIT APPLICATION DOCUMENTS:**

Completed applications with attached documents may be submitted as follows:

Via email (preferred) to: [outdoordining@cobma.us](mailto:outdoordining@cobma.us)

Via U.S. Mail to: Outdoor Dining Advisory Board  
City of Brockton Law Department  
45 School Street- City Hall  
Brockton, MA 02301

Applications must be complete to assure timely review and approval. Applications will be reviewed in the order they are received. Incomplete applications will cause processing delays.