

On-Street Dining Facility

Permit Term: April 15-November 15

Renewal	<input checked="" type="checkbox"/>
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Restaurant Name:

Petes Park Place Tavern

Restaurant Address:

18 Park Place

Contact Person, Phone, & Email:

John Lugano
917 583 2611
Johnnylugano@yahoo.com

Curbside - No Deck	<input checked="" type="checkbox"/>
Curbside - With Deck	<input type="checkbox"/>
Structural - Wood & Metal	<input type="checkbox"/>
Structural - PVC	<input type="checkbox"/>

Facade Sidewalk Dining
(max. six seats)

Additional Free-Standing and
Decorative Elements

- Umbrellas [#: 4]
 Heaters [#: _____]
 Decorative Planters
 Lighting

5 tables
20 seats

Please append the following to this application form:

- Insurance Certificate with the Village of Bronxville as additionally insured:

Village of Bronxville
200 Pondfield Road
Bronxville, NY 10708

- Hold Harmless Certificate.

- A Site Plan to scale illustrating the layout of the outdoor dining facility and compliance with all regulations in the Outdoor Dining Standards document.

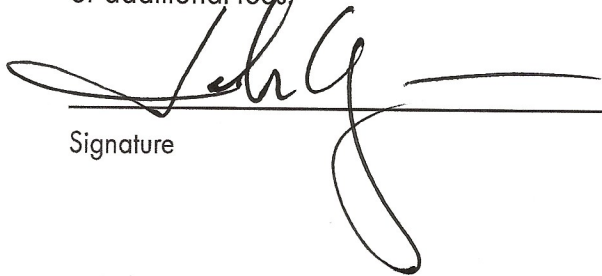
- For structural facilities per the Outdoor Dining Standards document:

- Signed & Sealed Schematic Drawings indicating the following:
 - Ingress/Egress
 - Fire Extinguisher location(s)
 - Waste Receptacle location(s)
 - Exterior Structure
 - Platform
 - Layout of movable elements within structure in accordance with the 15 sq.ft. per person/seat maximum.
- Electrical Permit (if electric lighting is built into structure).
- Proof of compliance with Test Method #2 NFPA 701 for floor coverings and/or decorative materials like table cloths and fake plants.

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I, John Legano, have read and agree to adhere to the Outdoor Dining Standards for the 2024 season put forth by the Village of Bronxville, and am aware that any non-compliance may result in permit revocation or additional fees.



Signature

3 22 24

Date

← Park Place

Park Place

5 4-Top Picnic Table (each 18in by 66in)

13 Rectangular Planters 38in by 10 (each)

Two Parking Spots

East Iron Ballards
10.5in Base

4ft between each table

curb stops

curb stops

sidewalk

480 inches

630 inches

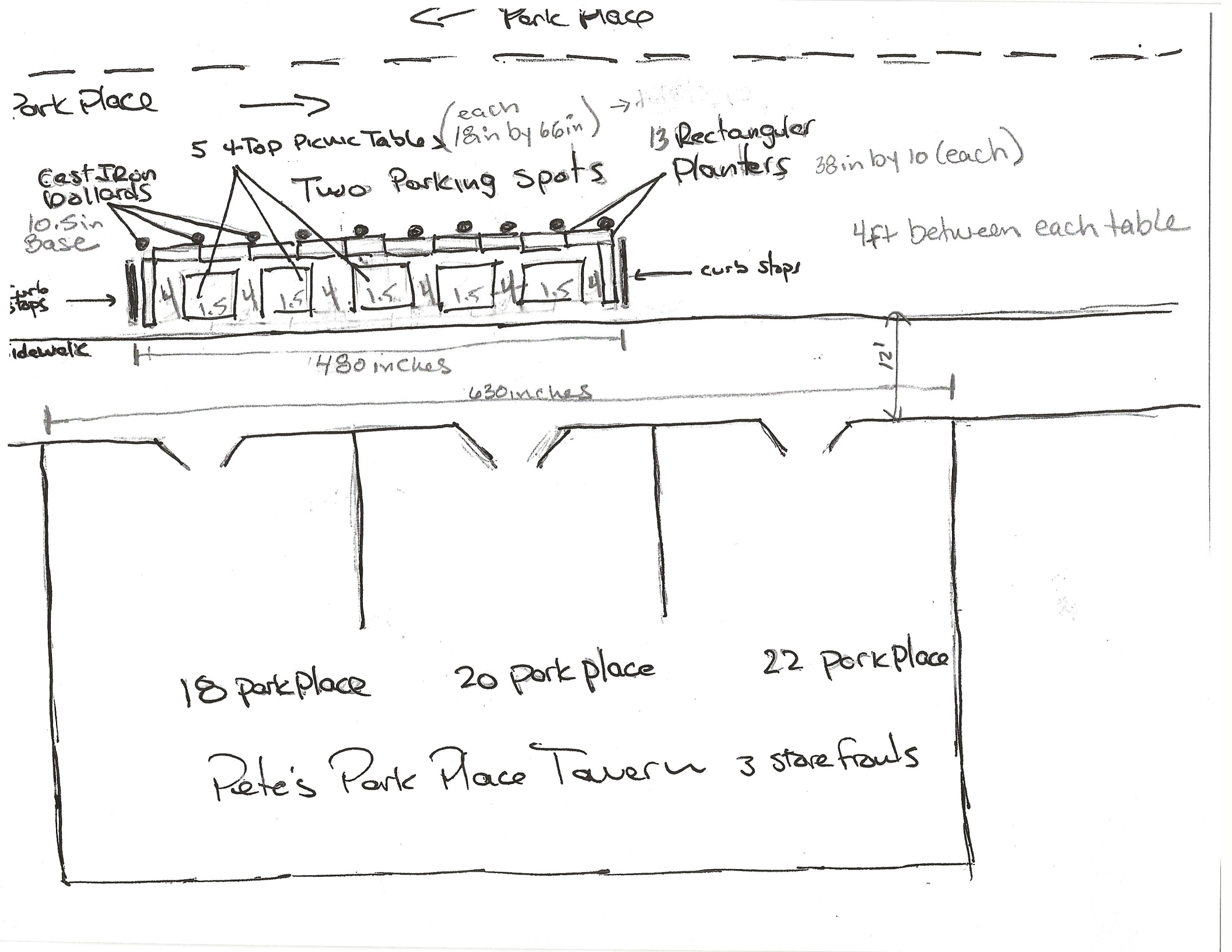
12'

18 park place

20 park place

22 park place

Pete's Park Place Tavern 3 store fronts





4 Umbrellas

5 picnic tables in stret 18ins wide - more than 4 feet between tables

No heaters (just didnt have clean pic)

No picnic tables on facade (just didnt have clean pic)



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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Bradley & Parker, Inc. C/L 320 South Service Road Melville, NY 11747 631 981-7600	CONTACT NAME: Mariaelena Ferranto
	PHONE (A/C, No, Ext): 631 981-7600 FAX (A/C, No): 16319817681 E-MAIL ADDRESS: mferranto@bradley-parker.com
INSURED Pete's Park Place Tavern, Inc. d/b/a Pete's Place 18 Park Place Bronxville, NY 10708	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Associated Industries Insurance Co. 23140
	INSURER B : Capitol Indemnity Corp - RPS
	INSURER C : AMTRUST NORTH AMERICA 15954
	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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AES123668700	07/09/2023	07/09/2024	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 \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			XS2203020101	07/09/2023	07/09/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	QWC1313853	10/13/2023	10/13/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Village of Bronxville is included as additional insured as required by written contract with respects to the operations of the named insured.

CERTIFICATE HOLDER Village of Bronxville 200 Pondfield Road Bronxville, NY 10708	CANCELLATION 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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