MILFORD SELECT BOARD

Room 11, Town Hall, 52 Main St. (Route 16), Milford, Massachusetts 01757-2679
Phone 508-634-2303 Fax 508-634-2324

Outdoor Dining Application

To the Milford Select Board
Milford, MA 01757 **Date:** _____

Location of Premises_____ _____
(Address/Number) *(Name of Street)*

NOTICE TO APPLICANTS: All applications shall be accompanied by a copy of the most recent site plan of the property approved by the Planning Board, including areas for parking, and indicating the location of the proposed outdoor dining area and noting the following:

a) **Dimensions of outdoor dining area including locations and dimensions of all tents/coverings.**
b) **Distance between the entrance to your restaurant and the outdoor dining area.**
c) **Layout of tables and chairs.**
d) **Location, spacing, and size of barriers.**
e) **Seating Capacity and Maximum Occupancy.**
f) **Tents shall have adequate distance from parked/idling vehicles to prevent accumulation of vehicle exhaust.**
g) **Heating Appliance(s), Fuel Storage location, and Fire Extinguisher Location (if applicable).**
h) **NOTE: Extension cords shall not be used as permanent wiring.**

1. Name of Business _____

2. Business Address _____

3. Mailing Address if different _____

4. Name of Applicant _____

5. Applicant Email _____

6. Applicant Phone Number _____

7. Duration Proposed: __ SEASONAL (Dates) _____to_____ or __ YEAR-ROUND

8. Hours of Operation for outdoor dining area _____

9. Number of Outdoor Tables _____ Number of Outdoor Chairs _____

10. Tents/Coverings: YES _____ (Number) _____ NO_____

11. Maximum Occupancy: (Indoor) _____ (Outdoor) _____ (Total) _____

12. Legal Right to Occupy (Provide copy): (Lease) ____ (Deed) ____ (Affidavit) _____

13. Entertainment: YES _____ NO _____

If yes, please describe: _____

14. Will ALCOHOL BE SERVED in the outdoor dining area? YES ____ NO ____

Outdoor alcoholic beverage service areas should be contiguous to the licensed building premises with clear and direct view of the outdoor area from inside the licensed building premises. Further, the licensee must actively supervise the outside alcoholic beverage service area.

Outdoor alcoholic beverage service areas that are noncontiguous to the premises' building are permitted. However, they must be in the immediate vicinity of, and within clear and direct view of, the existing licensed building premises.

Licensees are reminded that their applications may be denied if, in the Local Licensing Authority's discretion, it is determined that any proposed noncontiguous outdoor alcoholic beverage service area is in an unsuitable location, such as being too far from the premises' building or being in an unsafe location.

For noncontiguous outdoor alcoholic service areas, the licensee must have an adequate number of employees that are always physically present in the outdoor alcoholic beverage service area when alcoholic beverages are being sold or consumed.

15. All licensees shall be required to provide to the town a Certificate of Liability Insurance providing coverage for the outdoor space for fire, premises liability, and liquor liability with reasonable limits of coverage, except that liquor liability shall have minimum coverage of $1,000,000 per occurrence and $2,000,000 in the aggregate, whereas the policy shall carry an endorsement that the Town of Milford shall be notified by the insurer no less than ten days prior to the cancellation of said coverage. The Town of Milford shall be named as the additional insured. Licenses will not be issued without one.

16. You must provide the full description of the licensed premises. (description currently listed on your liquor license with the addition of the outdoor dining area)

The above question does not apply to businesses that do not have a liquor license.

17. Abutter's Notification: Please contact the Assessor's office (508-634-2306) for an Abutter list request form, please see the link below:

https://www.milfordma.gov/DocumentCenter/View/133/Abutters-List-Request-Form-PDF

The Select Board's Office will notify abutter's, we will bill you for the postage.

18. All outdoor alcoholic beverage service areas must be enclosed by bollards or full-size jersey barriers for the licensee to maintain control of access to the area and to provide a safe environment for patrons.

Type of proposed barrier: _____

The Local Licensing Authority will consider the type of neighborhood and the potential impact of noise in the environs before approving outdoor dining areas.

REQUIREMENTS FOR ACCESSIBILITY

Dining must be accessible and meet ADA and Massachusetts Architectural Access Board's regulations. https://www.mass.gov/law-library/521-cmr

521 CMR 17.00: RESTAURANTS

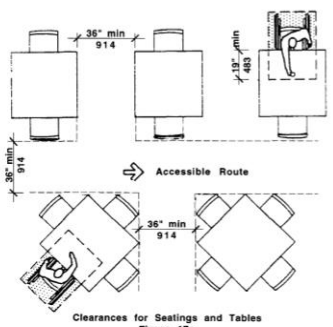
17.2 SEATING
At least 5% but not less than one, of the tables shall be accessible, be on an accessible route, and in compliance with the following:

17.2.2 A 36-inch (36" = 914mm) access aisle shall be provided between all accessible tables. No seating shall overlap the access aisle. See Fig. 17a.

17.2.3 Clear floor space as defined in 521 CMR 5.00: DEFINITIONS shall be provided at each seating space. Such clear floor space shall not overlap knee space by more than 19 inches (19" = 483mm). See Fig. 17a.

17.2.4 Knee Clearances: If seating for people in wheelchairs is provided at tables or counters, knee spaces at least 27 inches (27" = 686mm) high, 30 inches (30" = 762mm) wide, and 19 inches (19" = 483mm) deep shall be provided. See Fig. 17b.

17.2.5 Height of Tables or Counters: The tops of accessible tables and counters shall be from 28 inches to 34 inches (28" to 34" = 711mm to 864mm) above the finish floor or ground. See Fig 17b.



Clearances for Seatings and Tables
Figure 17a

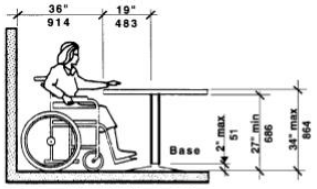


Table Heights and Clearances
Figure 17b

AFFIDAVIT FOR OUTDOOR DINING

RESPONSIBILITIES OF THE LICENSEE:

The restaurant, through its owner and/or manager, is responsible for the following as it pertains to outdoor dining:

1. Adherence to the plans and documents submitted, reviewed, and approved.
2. Procurement of tables, chairs, and any other physical items that will be in the outdoor dining area.
3. Procurement and installation of safety barriers to be placed around the perimeter of the outdoor dining area identifying the space and providing a buffer from pedestrian traffic.
4. Pursuant to the Milford Planning Board interim outdoor seating order enacted on June 2, 2020, any business establishment serving the general public that is otherwise in compliance with the Milford Zoning Bylaw, will not be required to receive amended site plan approval to provide interim outdoor seating for the duration of the Governor's re-opening provisions, provided however that any such interim outdoor seating shall not exceed 50% of the approved permanent indoor seating for each such establishment. This does not affect any approvals necessary from the Board of Health or from the Building Official.

RIGHTS OF THE TOWN OF MILFORD:

The Town of Milford reserves the right to revoke its permission to allow the outdoor dining area for the following reasons:

1. The operation of the outdoor dining area is not in compliance with submitted safety protocols;
2. The operation of the outdoor dining area is negatively impacting pedestrian travel and/or is not facilitating safe passage in accordance with Americans with Disability Act requirements.
3. The Health Agent, Chief of Police, Fire Chief, Building Commissioner and/or their designees determine that the operation of the outdoor dining area is negatively impacting public health and safety.

ACKNOWLEDGEMENT:

I, _____ (print name) being the owner or manager of _____ (name of restaurant) located at_____ Milford, MA acknowledge and accept the responsibilities of maintaining a clean and safe outdoor dining experience for guests and for staff in the outdoor dining area.

_____ _____

Signature of applicant Date

COMMONWEALTH OF MASSACHUSETTS

Worcester, ss. _____, 202__

On this this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, to be the person(s) whose name(s) is/are signed on the preceding or attached document, who acknowledged to me that he/she/she signed it voluntarily for its stated purpose and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

_____
Notary Public:
My Commission Expires: _____