

TOWN OF GREAT BARRINGTON
TEMPORARY OUTDOOR DINING LICENSE

All Temporary License Expire November 1, 2020

Establishment Name: _____ **Location:** _____

Property Owner Name: _____ **Email/Phone:** _____

Business Owner Name: _____ **Email/Phone:** _____

Business Phone: _____ **Days/ Hours of Operation:** _____

Cell/Email: _____

Applications: Should be sent to the Town Manager's Office, HKuziemko@Townofgb.org or Apulver@townofgb.org or by mail to 334 Main St, Great Barrington, MA 01230.

Approval: Once your written application has been approved, you will be notified that you may begin installation of the proposed outdoor seating area. If you have requested a seating area on Railroad Street on either Friday or Saturday evening you will be notified of your specific seating location and set up/ clean up instructions. If your business is requesting outdoor alcohol services you must first receive approval from the Selectboard prior to serving to outside dining area.

Seating: Tables need to be spaced a min. of 6ft apart from other tables and walkways. Tables cannot seat more than 6 people per table. **Please attach a diagram of the proposed outdoor dining area to include; Dimensions, walkways, tents, garbage receptacles, and ADA compliance.

Number of Tables: _____ **Maximum Number of Patrons:** _____

Check all that apply:

- ☐ Alcohol Service: Yes ☐ No ☐ (SB Approval for outside alcohol service)
- ☐ Requesting a space to set up seating on Railroad Street Friday or Saturday.
- ☐ Proposing a tent to cover outside dining area. (Building Permit may be required)
- ☐ COVID-19 Mandatory Workplace Safety Standards Control Plan Completed and on file
- ☐ Attestation Poster in visible location for customers and patrons
- ☐ Seating is proposed on a sidewalk
- ☐ Seating is proposed in _____ parking spots
- ☐ Plan meets all requirements of COVID MA Safety Requirements for Restaurants

I fully understand the Mandatory Standards, Protocols and Licensing Requirements for Temporary Outdoor Dining Areas and I agree to comply with State and Local code requirements in addition to COVID-19 issued guidance:

Applicant Signature _____ **Date:** _____

Applicant Name (Printed) _____ **Role:** _____

OFFICE USE ONLY:

1. Building Commissioner

Approve ☐ **Approved w/ Conditions** ☐

Signature/Email: _____ Date: _____

Comments: _____

2. Board of Health

Approve ☐ **Approved w/ Conditions** ☐

Signature/Email: _____ Date: _____

Comments: _____

3. Fire Chief

Approve ☐ **Approved w/ Conditions** ☐

Signature/Email: _____ Date: _____

Comments: _____

4. DPW

Approve ☐ **Approved w/ Conditions** ☐

Signature/Email: _____ Date: _____

Comments: _____

TOWN MANAGER APPROVAL:

Based on the submitted Application for Temporary Outdoor Dining and Departmental reviews, and with the authority invested in me at the Great Barrington Selectboard's / /2020 meeting, I hereby:

☐ **Approve** ☐ **Approve with Conditions:** I authorize outdoor seating with the following comments/restrictions:

_____.

Signature: _____ Date: _____

Mark Pruhenski, Great Barrington Town Manager