Village of Woodstock Board of Trustees May 24, 2024 8:30 am Town Hall & Zoom Agenda

- A. Call to order
- B. Citizen comments
- C. Additions to & deletions from posted agenda
- D. Dr. Coburns Sidewalk Permit
- E. Other business
- F. Adjournment

This meeting will be held in person at the Town Hall and on Zoom.

The link to join us by Zoom is:

https://us02web.zoom.us/j/85879622419?pwd=Q1NZUIFKaWRPTmZURFppUGxWRU9UUT09

Or from zoom.us you can enter these details to join the meeting:

Meeting ID: 858-7962-2419

Password: 412048

You can also download the Zoom app on your smartphone.

# VILLAGE OF WOODSTOCK APPLICATION FOR PERMIT TO USE SIDEWALKS FOR EVENTS OR FURNITURE

Applicant name: Bradens LLC dba Dr Coburns Tonic			
Applicant address: 3 Elm Street Woodstock, VT 05091			
Mailing address: P.O. Box 1184 Quechee, VT 05059			
Phone: 802-457-7184			
Email: coburns@drcoburnstonic.net			
Application is herby made for a permit to use the following sections of the Village streets or sidewalks			
for placement of furniture.			
for placement of furniture.			
Section of street/sidewalk: French/Cabot Block (Central and Elm Street)			
Event name (if applicable): Are you a nonprofit? <b>no</b>			
Date(s) & time(s):			
For the purpose of <u>serving food and beverage on the 15 tables located on the sidewalk</u>			
Please attach a diagram of what you have in mind, including dimensions, distance from curb, trees, light			
posts, parking meters, and other objects. (see attached)			
$\mathcal{A}h$ .			
Signature of applicant:			
Date: 05/06/24			
,			
Important – A certificate of insurance must be submitted with this application.			
An application fee of \$25.00 must be submitted with this application.			
COI received: Application fee received:			
The Village Trustees will consider this application at their next meeting. They meet the second Tuesday			
of each month. To be on the agenda, the permit needs to be submitted the Wednesday prior to the			
meeting. Please be advised, a representative must attend the meeting, or the application will not be			
considered.			
0011014j01.04.			

# Conditions:

- 1. Contact Chief of Police.
- 2. No advertisement on permitted items.

- 3. Permit lapses and all permission hereunder terminates upon the effective date of any amendment to this section or other related bylaw which would render the object no in compliance with the updated provisions. All permits hereunder are issued subject to changes in standards, procedures, and other provisions and no person shall be entitled to compensation for any expenses need to remain in compliance with changing provisions.
- 4. Applicant's signature certifies that he/she has read the ordinance and agrees to comply with all provisions.

Please mail or email completed application to: Town of Woodstock Nikki Nourse PO Box 488 Woodstock, VT 05091

nnourse@townofwoodstock.org

## OFFICE USE ONLY

This permit is		
Approved		
Denied		
Additional conditions:		
Signature:	Date:	
Permit #:		

#### ATTACHMENT A

Number of Tables:

15

Table Dimensions:

28"x28"

• Tables will be located on the sidewalk along the French/Cabot block on Elm Street (10 tables) and Central Street (5 tables). Each table will be placed against the building leaving the following distance for passage between table and curb

Elm Street: 7' (6'2" where a tree, sign or parking meter or light is located)

Central Street: 8'6" (7'6" where a tree, sign, light or parking meter is located)

Space between each table and curb is the same as prior years (see pictures) leaving adequate space for pedestrian travel

### CHANDRAREDDY

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

5/6/2024

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 rights to the certificate holder in lieu of such endorsement(s). CONTACT Amy Corson PHONE (A/C, No, Ext): (802) 217-2402 FAX (A/C, No): NFP Property & Casualty Services, Inc. PO Box 298 E-MAIL ADDRESS: amy.corson@nfp.com 35 Pleasant Street Woodstock, VT 05091 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Co-operative Insurance Companies 18686 INSURER B : Sequoia Insurance Company 22985 INSURED INSURER C: Bradens, LLC DBA: Dr. Coburns Tonic PO Box 1184 INSURER D: Quechee, VT 05059 INSURER E : INSURER F: **CERTIFICATE NUMBER:** REVISION NUMBER: **COVERAGES** 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LIMITS POLICY NUMBER TYPE OF INSURANCE 1.000.000 COMMERCIAL GENERAL LIABILITY Α EACH OCCURRENCE 50.000 DAMAGE TO RENTED PREMISES (Ea occurrence) 1/22/2025 CLAIMS-MADE X OCCUR BOP3004303 1/22/2024 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 1.000.000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 X POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY \$ 1,000,000 Α X X UMBRELLA LIAB OCCUR EACH OCCURRENCE 1,000,000 1/22/2025 CUP3004304 1/22/2024 CLAIMS-MADE EXCESS LIAB AGGREGATE 1.000.000 Products/Comple 10,000 DED | X | RETENTION \$ X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY В 500,000 1/27/2024 1/27/2025 QWC1336364 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N N/A 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. The Village of Woodstock 31 The Green Woodstock, VT 05091 AUTHORIZED REPRESENTATIVE











