

# SIDEWALK CAFÉ PERMIT APPLICATION

FEE: \$100.00 Annual Permit Fee plus a 25 cents per sq. ft. Annual Rent of Sidewalk Space

RETURN TO:  
City Clerk's Office, 555 S. 10<sup>th</sup> St., Room 103, Lincoln NE 68508

LMC Chapter 14.50

*Fill in Form and Please PRINT using blue or black ink only.*

APPLICANT'S INFORMATION				
NAME:	Jose Sanabria - John W Lister, Architect			
HOME ADDRESS:				
ZIP:		HOME PHONE#:		FAX#:
BUSINESS NAME:	John W. Lister, Architect Agent for: Starbucks Coffee			
BUSINESS ADDRESS:	1450 E. Boot Rd #400-B, W. Chester PA			
ZIP:	19380	BUSINESS PHONE#:	610-429-4470	FAX#:
				610-429-4472

MANAGER OF CAFÉ				
NAME:	Konrad Harris - Starbucks Coffee Co.			
ADDRESS:	550 W. Washington St. #200, Chicago, IL			
ZIP:	60661	PHONE#:	312-775-6507	FAX#:
				312-454-9328

RECORD OWNER OF PROPERTY				
NAME:	Jon Weinberg - Ameritas Life Insurance Corp			
ADDRESS:	390 N. Cotnor Blvd. #100 - Lincoln, NE			
ZIP:	68508	PHONE#:	402-467-6963	FAX#:
DOES THE RECORD PROPERTY OWNER AGREE TO SUCH USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
PLEASE ATTACH A NOTARIZED LETTER OF CONSENT BY RECORD PROPERTY OWNER FOR THE USE OF SAID PROPERTY.				

## SIDEWALK CAFÉ AREA

PLEASE LIST DAYS AND HOURS OF OPERATION: Monday thru Sunday 7A-9pm

PLEASE DESCRIBE HOW THE SIDEWALK CAFÉ WILL BE SUPERVISED & MAINTAINED:  
Employee is designated to monitor and clean the sidewalk cafe every 20 minutes.

HOW MANY PATRONS WILL BE SERVED IN CAFÉ AREA: 10

PLEASE DESCRIBE ANY PERMITTED ADVERTISING AND STREET FURNITURE USED (photos may be attached): Furniture Cut sheets attached

Please attach six copies of a plat or drawing indicating, to scale, the amount of surface public right-of-way you are seeking permission to use and the location of all furniture, equipment, and any other article occupying public space, if any.

### FEES

- \$100 Annual Permit Fee must be paid to the City Clerk on the day of Original Permit approval.
- Annual Rent of 25 cents per square foot of sidewalk space used must be paid to the City Clerk on the day of original permit approval.

### INSURANCE

Applicant shall **at all times** maintain a policy of liability insurance from a company licensed to do business in the State of Nebraska with a minimum of combined single limit of \$500,000 aggregate for any one occurrence. The insurance **must** name the City of Lincoln as an additional insured & contain a 30 day cancellation notice. **This must be attached to your application prior to submission!**

**The following items must be attached prior to submission of this application:**

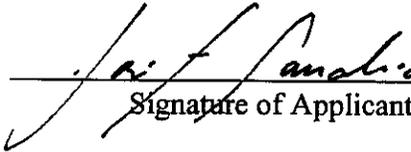
- Notarized letter of consent by record property owner for the use of said property.
- Six copies of a plat or drawing indicating, to scale, the amount of surface public right-of-way you are seeking permission to use and the location of all furniture, equipment, and any other article occupying public space, if any.
- Certificate of Insurance: policy of liability insurance from a company licensed to do business in the State of Nebraska with a minimum of combined single limit of \$500,000 aggregate for any once occurrence naming the City as an additional insured.

## HOLD HARMLESS AGREEMENT

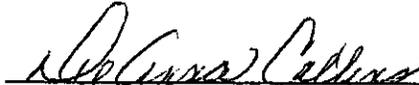
In consideration of being issued a permit for the use of surface space for a sidewalk café the undersigned applicant agrees to hold harmless the City of Lincoln and the officers and employees of the City for any loss or damage arising out of the use, or the discontinuance of any use. The undersigned agrees and understands that the use of the surface space is temporary, on a day to day basis; that the undersigned does not acquire any right, title, or interest in such space; that the undersigned may be required by the City at any time to vacate all or any part of the surface space that the undersigned has been given permission to use; that upon demand to vacate such space, the undersigned agrees to promptly remove any personal property placed thereon by the undersigned and to return the surface space to the same condition that it was in prior to commencement of such use or to reimburse the City for the cost of removing such property and restoring the surface space to its prior condition and that the undersigned has no recourse against either the City or its officers, employees or agents, either for any loss or damage occasioned by his or her being required to vacate all or any part of the surface space which the undersigned has been granted permission to use.

The undersigned further agrees at all times hereafter to comply with all municipal ordinances, rules and regulations of the City of Lincoln, Nebraska.

Dated this 6<sup>th</sup> Day of February, 2004.

  
Signature of Applicant

JOSE' F. SANABRIA  
Printed Name of Applicant

  
Witness

*Applications are available on the City's web site at "www.ci.lincoln.ne.us".*

**REFERRALS**

*Please sign or initial "APPROVED" or "DENIED" & date.*

**PUBLIC WORKS - SIDEWALK INSPECTOR:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**POLICE DEPT.:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**FIRE PREVENTION BUREAU:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**HEALTH DEPARTMENT:**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**URBAN DEVELOPMENT - JEFF COLE**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**PLANNING & URBAN DESIGN COMMITTEE - ED ZIMMER**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**CITY COUNCIL ACTION:**

DATE ON COUNCIL AGENDA: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ RESO. #: \_\_\_\_\_

**MAYOR'S OFFICE: (If appealed from Denial - refer to Mayor's Office)**

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDATIONS OR COMMENTS: \_\_\_\_\_

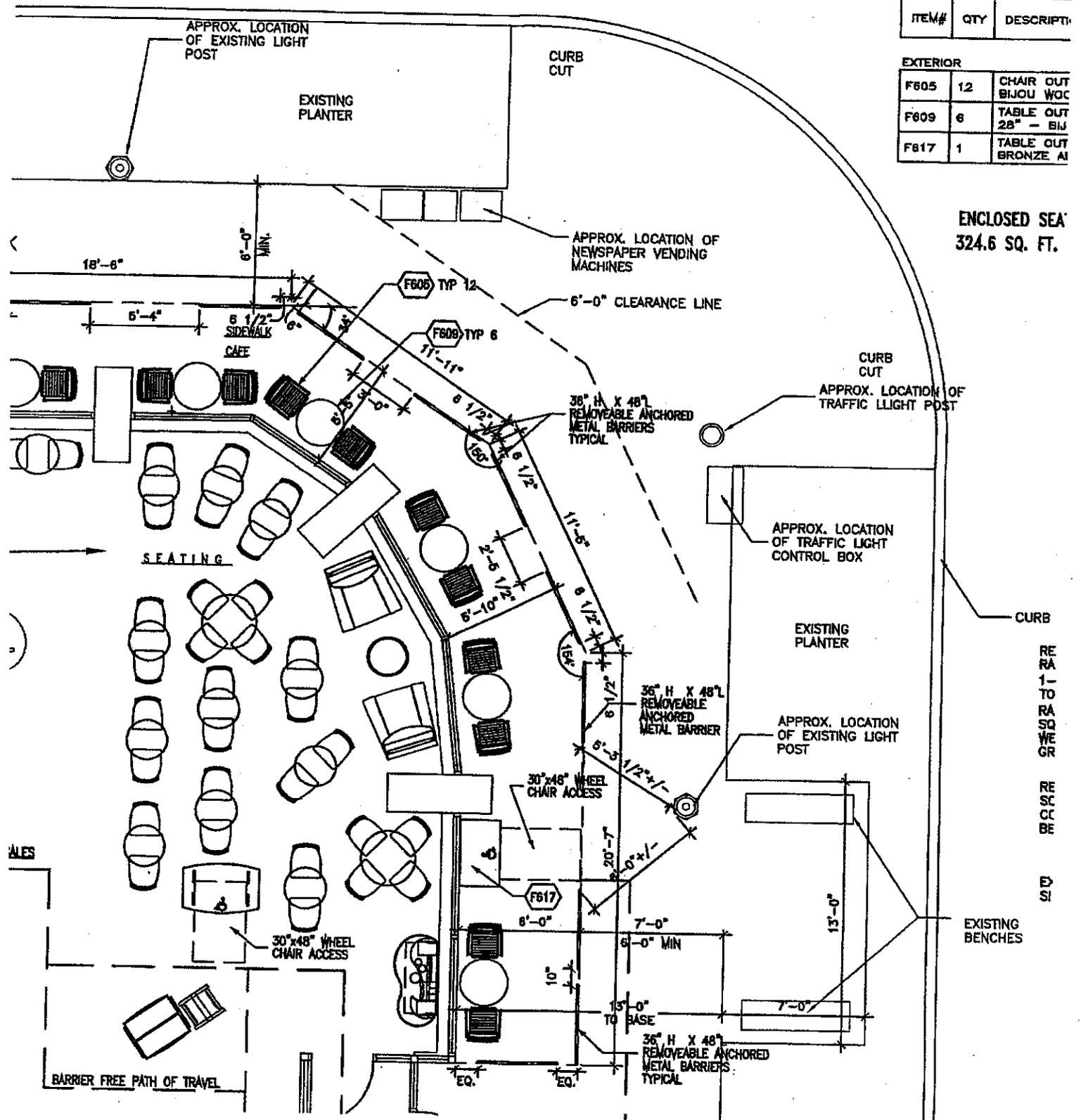
\_\_\_\_\_

EXHIBIT "B"

FURNITURE SCHEDULE:

ITEM#	QTY	DESCRIPTION
EXTERIOR		
F805	12	CHAIR OUT BIJOU WOC
F809	6	TABLE OUT 28" - BIJ
F817	1	TABLE OUT BRONZE AI

ENCLOSED SEA  
324.6 SQ. FT.



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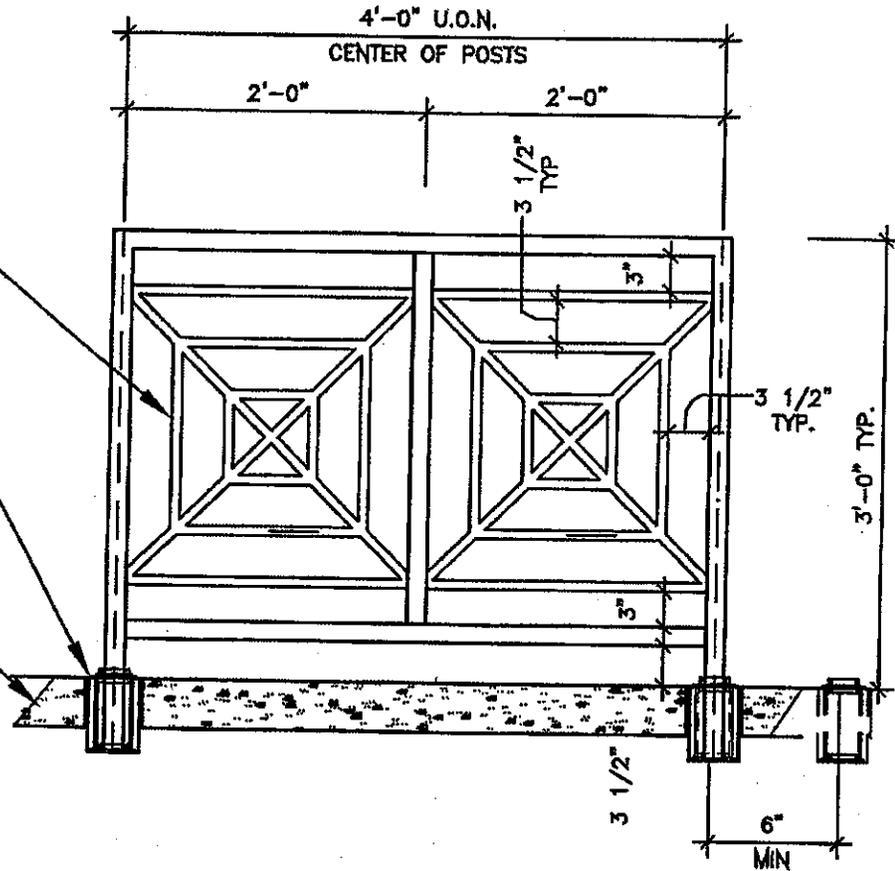
— CURB

REMOVABLE ALUMINUM RAILING—  
1-1/2" SQ. TOP AND BOTTOM RAILS AND POSTS, 3/4" SQ. BARS AT INSERT—  
WELD ALL JOINTS AND GRIND SMOOTH

REMOVABLE RAIL SOCKET, COVER AND COLLAR—SEE DETAIL BELOW.

EXISTING SIDEWALK

EXISTING INCHES

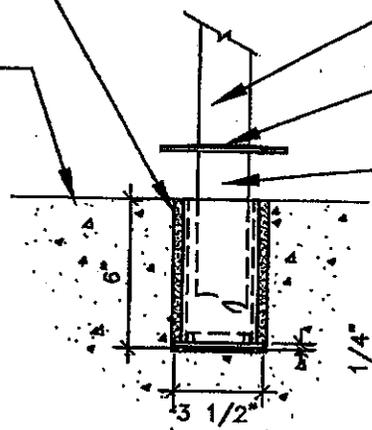


## RAILING ELEVATION

NOT TO SCALE

NON-SHRINK GROUT

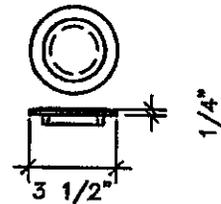
EXISTING SIDEWALK



1 1/2" SQ. POST WELDED TO 3 1/2" SQUARE PLATE

3/8" PLATE

1 1/2" PIPE



SOCKET No 786

SOCKET CAP No 788

ACCESSORIES SHOWN OR APPROVED EQUAL

FROM JULIUS BLUM & CO. INC— 800-526-6293

## DETAILS

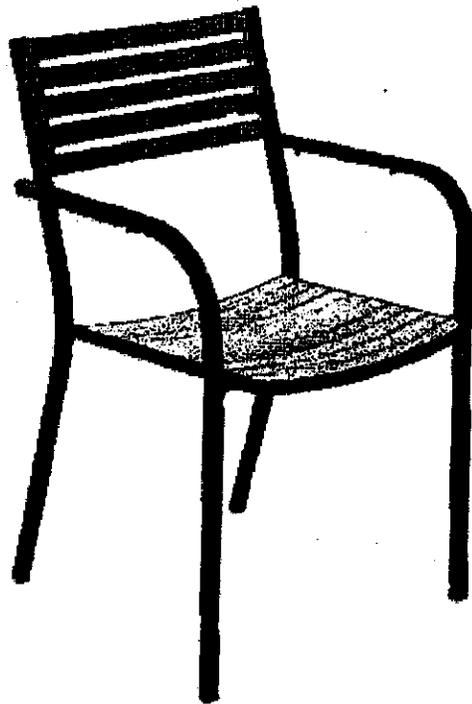
NOT TO SCALE

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SKU	175345	TAG	F605
DESCRIPTION:			
<b>OUTDOOR CHAIR - Bijou</b>			
MANUFACTURER	EMU	MODEL NUMBER	Bronze/Wood Seat



## **Bijou**

Stacking Armchair with wood seat

Design: A. Ciabatti

Size: W20 1/2" x D20 1/2" x H33", seat height 17 1/2"

Supplier Ref.: #267

Frame: Tubular Steel

Seat: Teak Wood Slats

Back: Steel Slat Pattern

Finish: e-coat pretreatment with textured bronze color powdercoat finish

Feet: Plastic Footcaps

Weight Each: 13.7 Lbs

Units per Box: 4

Box Dimensions: 25" x 37 1/2" x 21"

Box Volume: 11.4 Cubic Ft.

SKU 175345

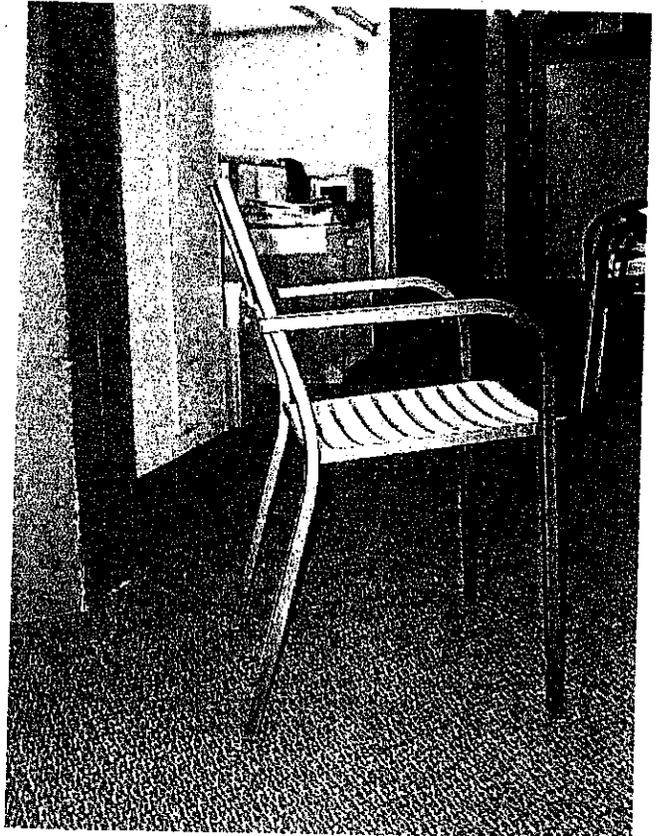
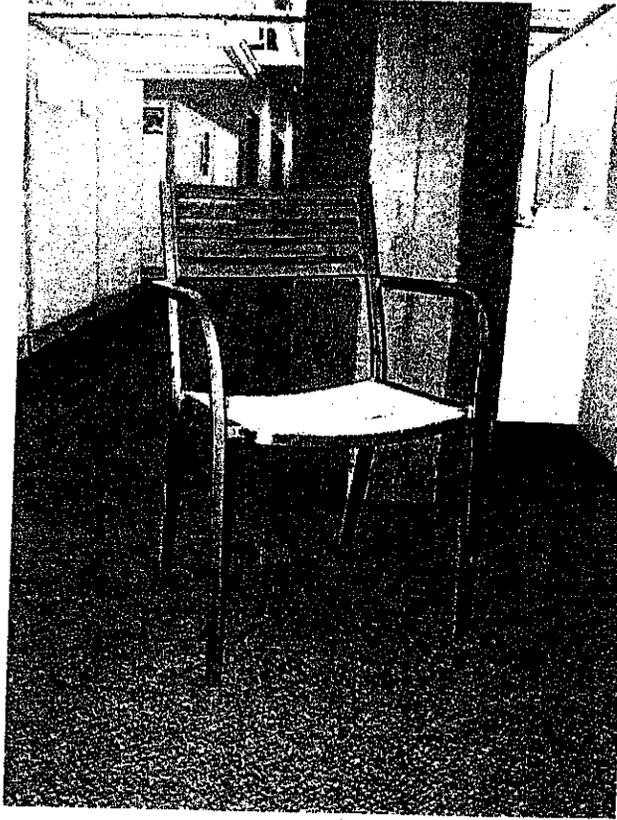
TAGS

F605

DESCRIPTION:

Outdoor chair - Bijou

Page 2 of 2



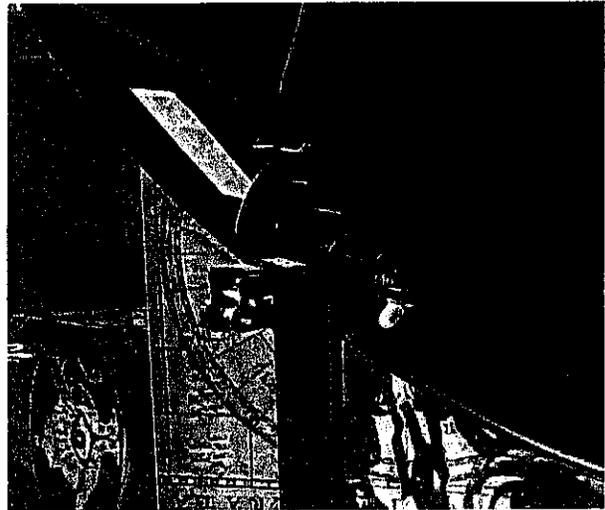
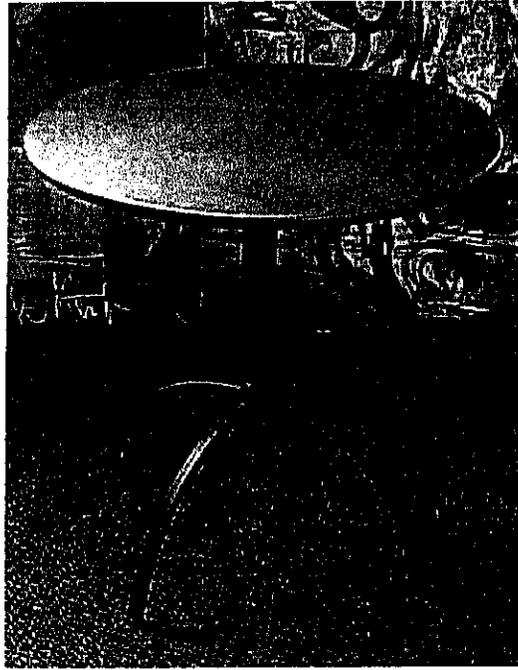
SKU 175346

TAGS

F609

DESCRIPTION:

Photo's Table Outdoor 28" Bijou



SKU 175346

TAG

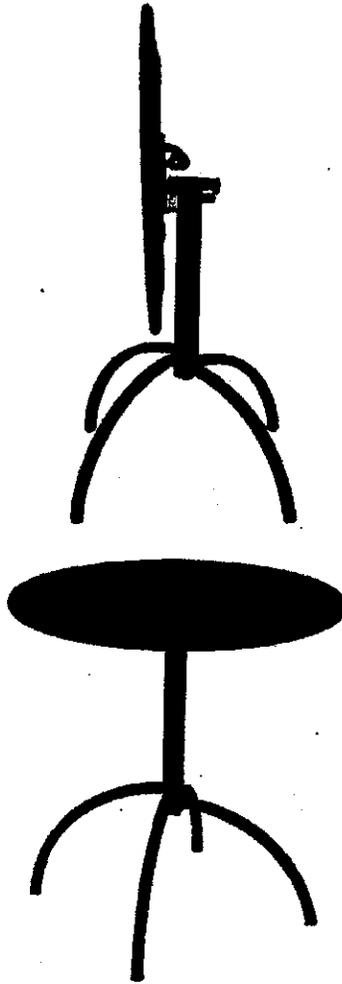
F609

DESCRIPTION:

**OUTDOOR TABLE - Bijou**

MANUFACTURER  
EMU

MODEL NUMBER  
Bronze 28" Round



**Bijou**  
Tilt Table

**Design:A. Clabatti**

size: Diam.28" x H30"

Supplier Ref: #850

Base: Square Tubular Steel

Top: Flat Steel

Finish: e-coat pretreatment with textured bronze color powdercoat finish

Feet: with 1 Adjustable Foot

Weight Each: 24.3 Lbs

Units per Box: 1

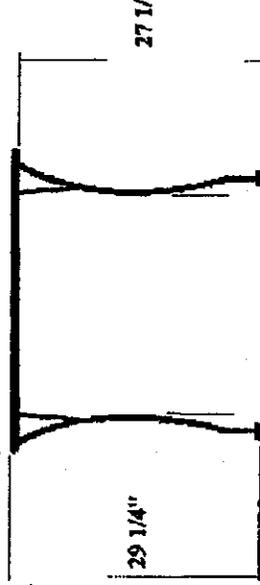
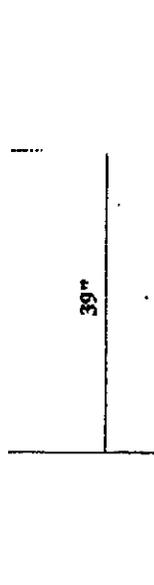
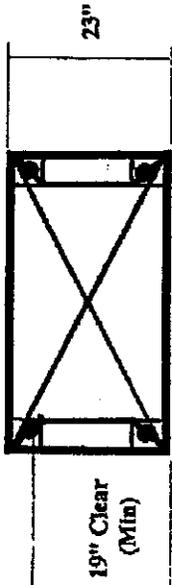
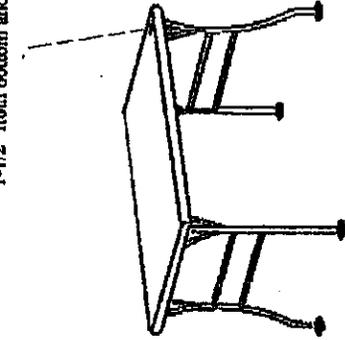
Box Dimensions: 5"x28"x30"

Box Volume: 2.5 Cubic Ft.

DESCRIPTION: ADA Outdoor Table, Bronze Metal

MANUFACTURER: West Coast Industries  
 MODEL NUMBER:

ADA Logo (1-3/4" SQ.)  
 Logo is located in bottom right corner,  
 1-1/2" from bottom and 1-1/2" from side



27 1/4" Clear (Min)

30" Clear (Min)

STARBUCKS #      WCI ITEM #

- 3131 2339      POWDER COAT - GENERIC TABLE
- 3131 2339 BZ      BRONZE WRINKLED TOP - BLACK WRINKLE BASE
- 3131 2339 BK      BLACK WRINKLE TOP - BLACK WRINKLE BASE
- 3131 2339 GR      GREEN WRINKLE TOP - BLACK WRINKLE BASE

NOTE:

Legs = 5/8" Solid Steel  
 Top = 16 ga (.065) steel  
 Edge = 3/4" Bullnose  
 Corners = Square  
 Construction = Welded  
 Finish = Powder Coat

WEST COAST INDUSTRIES, INC

BISTRO TABLE - 23" X 39"  
 ADA

A - 67-30-02	A	2002062602	A
66-26-02		none	1 of 1

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2004

**PRODUCER**  
Marsh USA Inc. 2 Tyrisco, Inc.  
1215 Fourth Avenue P.O. Box 55219  
Seattle, WA 98161 Seattle, WA 98155

Serial # B2515  
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### INSURERS AFFORDING COVERAGE

**INSURED**  
Starbucks Corporation et al  
Attn: Jennifer Marshall  
P.O. Box 34067  
Seattle, WA 98124-1067  
(206) 318-4850

INSURER A: Zurich American Insurance Company  
INSURER B: American Guarantee & Liability Insurance Company  
INSURER C: Zurich Insurance Company  
INSURER D: American Zurich Insurance Company  
INSURER E: St. Paul Fire and Marine Insurance Company

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A C	GENERAL LIABILITY	GL08378867-04 8828366	10/1/2003 10/1/2003	10/1/2004 10/1/2004	EACH OCCURRENCE \$ 2,000,000*	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 2,000,000*	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$	
	<input checked="" type="checkbox"/> *\$1,000,000 SIR				PERSONAL & ADV INJURY \$ 2,000,000*	
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 5,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000	
E E E E	AUTOMOBILE LIABILITY	CK00214990 CA00200812 MA00200173 UXFLT00151	10/1/2003 10/1/2003 10/1/2003 10/1/2003	10/1/2004 10/1/2004 10/1/2004 10/1/2004	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$	
	ANY AUTO					
B	EXCESS LIABILITY	AUC3781148-01	10/1/2003	10/1/2004	EACH OCCURRENCE \$ 10,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000	
	<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					
A D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC8378817-04 WC8378865-04 WC8378870-04 WC8298269-01 WC8298258-01 WC8298255-01	10/1/2003 10/1/2003 10/1/2003	10/1/2004 10/1/2004 10/1/2004	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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	
	OTHER					

\*Company A and C - General Liability: The limits are \$1,000,000 in excess of a \$1,000,000 self-insured retention.

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Re: 12th & P (Store # 8671)  
Certificate holder is included as additional insured as respects outdoor seating.

<b>CERTIFICATE HOLDER</b> City of Lincoln, Nebraska	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>L. David Taylor</i> <i>Blaise Curtis</i>
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LETTER OF ACCEPTANCE

TO THE CITY COUNCIL:

I, \_\_\_\_\_, authorized representative of Starbucks Coffee Company, 1225 P Street, Lincoln, Nebraska 68508, the applicant under Resolution No. A- \_\_\_\_\_ adopted by the City Council of the City of Lincoln, Nebraska, on \_\_\_\_\_, 2004, do hereby certify that I have thoroughly read said resolution, understand the contents thereof and do hereby accept without qualification all of the terms, conditions, and requirements therein.

\_\_\_\_\_  
Starbucks Coffee Company