

### **COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT**

### COVID-19 TEMPORARY OUTDOOR DINING PERMIT

#### Statement of Facts:

The Buttercup restaurant (the Applicant) requested a COVID-19 Temporary Outdoor Dining Permit on June 15, 2020 to create a temporary outdoor dining area in the existing front patio area to the right of their permitted outdoor dining space and in the parallel parking spaces immediately next to the building in the Clark Court alley on their property at 13 West Central Street. The proposal will permit space for 16 diners at 8 tables placed 6 feet apart in the alley plus the similarly spaced additional tables on the patio. Access to outdoor dining will be through the alley and established front entrance, and the proposed area will be bound by the patio fence and rope lines.

#### Meeting:

The Natick Temporary Outdoor Dining Review Committee reviewed the Butter cup application for a COVID-19 Temporary Outdoor Dining Permit on June 18, 2020. After analysis and deliberation of the facts of the case, the Committee rendered a decision on the application.

#### Findings:

After considering all of the information and material submitted, including plans, supporting documents and comments made during the review meeting, the Temporary Outdoor Dining Review Committee makes the following findings:

Α.	Pedestrian walkways:	The applicant's plan	provides sufficiently	y unobstructed access to and from
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the proposed outdoor dining area that exceed the minimum required width of

4 feet.

B. Table spacing: The applicant's plan provides tables that are 6 feet apart and 6 feet from

commonly used pathways, service stations, or other locations where

customers or staff may congregate.

C. Table capacity: The applicant's plan calls for 8 tables with a maximum of 2 diners per table

in the alley.

D. Borders: The applicant's proposed outdoor dining area has clearly demarcated

boundaries, consisting of a rope line, that prevent entry other than by an

established entrance.

E. View sheds: The applicant's proposed dining area will be monitored at all times.

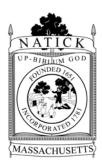
F. Parking lots: The applicant's proposed outdoor dining area is in a portion of the Clark's

Court alley, which will be closed to vehicular access on either end of the dining area during those times where the dining area is in use from 5 to 9

PM.

G. Traffic signage: The alley will be signed so as to indicate that it is closed to through traffic

during operating times from 5 to 9 PM.



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#### Decision:

After deliberation and consideration of all of the foregoing, and after making the specific findings as set forth herein, the Temporary Outdoor Dining Review Committee, at its meeting on June 18, 2020, voted to GRANT the Temporary Outdoor Dining Permit, subject to the following conditions:

- 1. That the applicant maintains the table configuration and operations in conformance with the submitted application.
- 2. That the applicant maintain operations consistent with the Governor's workplace safety standards and protocols for restaurants as they may be updated.
- 3. The applicant will provide metal pedestrian barricades at the West Central Street entrance and in the alley during those times that outdoor service is being provided so as to prevent vehicular access. Barriers will be removed at night and will not be zip tied together.
- 4. When the barricade is present, a sign will be provided at the West Central Street entrance to the alley indicating that the alley is closed. During outdoor dining times, a sign will be provided on the Summer Street end of the alley indicating that the alley is closed to through traffic.

### **Temporary Outdoor Alcohol License Recommendation**

The Temporary Outdoor Dining Review Committee recommends approval of the temporary section 12 amended license.

I have inspected this Temporary Outdoor Dining facility and found that it has been implemented in accordance with the permit and approved plan:	
Building Commissioner:	Date:

A copy of this application form must be retained and available for review by municipal staff for the duration of the Temporary Outdoor Use permit, or until November 1, 2020.



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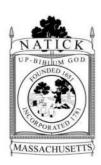
### COVID-19 TEMPORARY OUTDOOR DINING APPLICATION

APPLICANT IN	<b>IFORMATION</b> (Include name, address, pho	ne number, emai <b>l</b> address)
Applicant:	Dora Tavel-Sanchez Luz 13 West Central	st. Ste 3 Natick, Ma Email: eatbuttercup@gmail.com
		Phone: 9176124680
Property Owner:		Email:
		Phone: 5086551700
Agent: (if any)		Email:
		Phone:
PROPERTY IN	FORMATION: Address: 13 West Central	st Ste 3 Natick Mass
Record Title stan	ds in the name of: Stonegate West Central	LLC
Temporary Out	door Dining Use Permits Require:	
-	of the proposed use, with seating capacity;	
	otomap of the proposed outdoor dining site o	verlaid with seating and service layouts:
		latasets/properties?abuttersDistance=100&zoom=13
	the proposed outdoor dining use marked with	
	nust be at least six (6) feet apart, and hold no	more than six (6) diners;
	public rights of way must provide at least six	(6) feet for public access and egress;
No bar compared to the property of th	r stand-up dining areas are allowed;	
	ossible, designate assigned working areas to	staff to limit movement within dining area;
* Establisl	n directional patterns for foot traffic of patron	s and staff if possible;
<ul> <li>Images of all</li> </ul>	proposed signage, fixtures, materials and fu	nishings;
<ul> <li>Written perm</li> </ul>	nission to occupy or use the site of the propos	ed outdoor dining use (if applicant does not own site);
• All relevant f	orms and certifications required by the Comm	nonwealth;
SUBMITTALS:	Please send all applications to Ted F	ields at <u>tfields@natickma.org</u>
office (check all t	hat apply). Forms from the Commonwealth of	format of the following to the Community Development  Massachusetts can be obtained at:  #sector-specific-protocols-and-best-practices-
■ Application	■ MA COVID-19 Safety Attestation	MA COVID-19 Plan MA COVID-19 Posters
■ Site photo with	n seating & service layout	■ Drawing of proposed use w. dimensions/distances
		Permission to occupy outdoor premises
Sample of Cus	tomer Tracking Log	
I hereby reques	t a REVIEW by the Natick Temporary Outo	loor Review Committee:
Applicant's Signa	ture: Dora Tavel-Sanchez Luz	Date: 06122020

Owner's Signature:

Dean Calivas

Date: 06122020

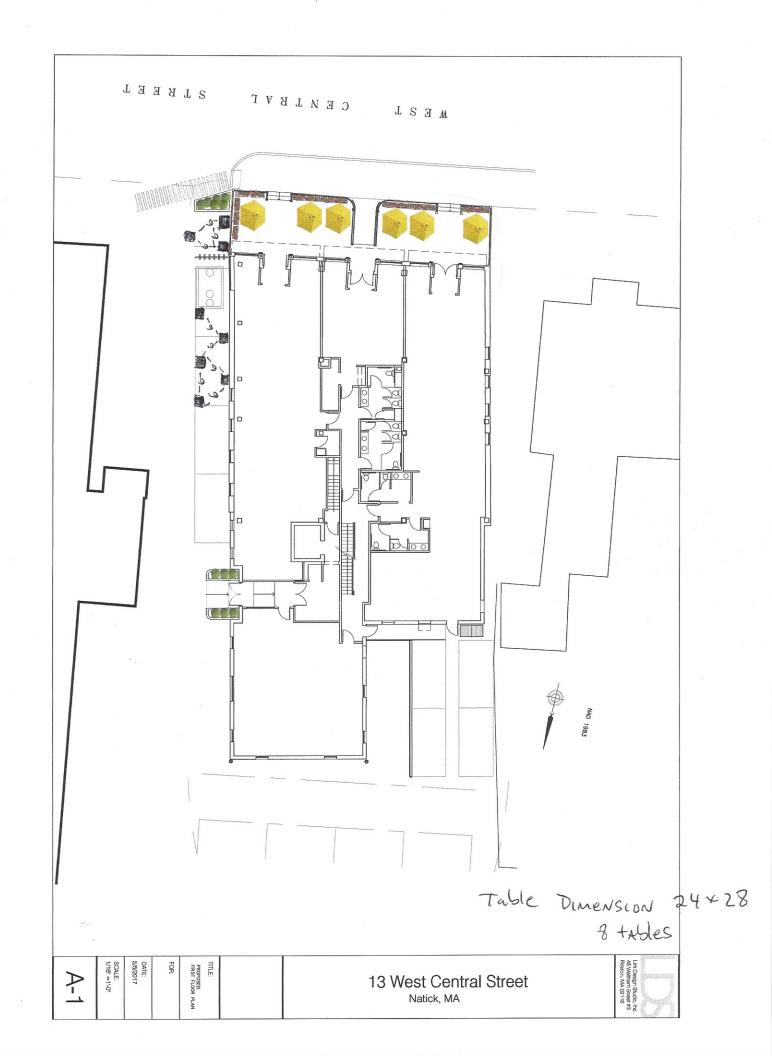


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### COVID-19 TEMPORARY OUTDOOR DINING APPLICATION

### **Municipal Contacts:**

Building Commissioner:	David Gusmini	508-647-6447	dgusmini@natickma.org
Senior Planner:	Ted Fields	508-647-6428	tfields@natickma.org
Public Health Director:	James White	508-647-6460	jwhite@natickma.org
Safety Officer:	Lt. Brian Lauzon	508-647-9518	blauzon@natickma.org
Fire Safety:	Tanya Quigley Boylan	508-647-9551	tquigley@natickma.org
Town Engineer:	William McDowell	508-647-6400	wmcdowell@natickma.org



## COVID-19 Control plan



All businesses in the state of MA must develop a written control plan outlining how its workplace will comply with the mandatory safety standards for operation in the COVID-19 reopening period. This template may be filled out to meet that requirement. Control plans **do not** need to be submitted for approval but must be kept on premise and made available in the case of an inspection or outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

BUSINESS INFORMATION   please provide the following information ————————————————————————————————————
Business name: Butterup Check if part of a larger corporation
Address: 13 West Central St. NAtick 01760
Contact information (Owner/Manager): Dord Tavel - Sandrez WZ
Contact information (HR representative), if applicable:
Number of workers on-site:
SOCIAL DISTANCING   check the boxes to certify that you have:
Ensured that all persons, including employees, customers, and vendors remain at least six feet apart
to the greatest extent possible, both inside and outside workplaces
Established protocols to ensure that employees can practice adequate social distancing
Posted signage for safe social distancing
Required face coverings or masks for all employees
Implemented additional procedures. Please describe them here:
HYGIENE PROTOCOLS   check the boxes to certify that you have:
I I OTE ITE FROM OCOLO E CHECK THE BOXES TO CEITHY that you have.
Provided hand washing capabilities throughout the workplace
Ensured frequent hand washing by employees and provided adequate supplies to do so
Provided regular sanitization of high touch areas, such as workstations, equipment, screens, doorknobs, restrooms throughout work site
Implemented additional procedures. Please describe them here:

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A 1 M L L 1 M A OK O L L K W 1 1 O M A CHECK THE DOXES TO CELLITY THAT AND USAGE.
Provided training for employees regarding the social distancing and hygiene protocols
Ensured employees who are displaying COVID-19-like symptoms do not report to work
Established a plan for employees getting ill from COVID-19 at work, and a return-to-work plan
Implemented additional procedures. Please describe them here:
CLEANING & DISINFECTING check the boxes to certify that you have:
4—
Established and maintained cleaning protocols specific to the business
Ensured that when an active employee is diagnosed with COVID-19, cleaning and disinfecting is performed
Prepared to disinfect all common surfaces at intervals appropriate to said workplace
Implemented additional procedures. Please describe them here:

## Welcome



Please know that we take our responsibility to keep Massachusetts safe very seriously. Be assured we have taken the following steps to comply with state mandatory safety standards for workplaces:

2	Workers are wearing face coverings and
	we've put social distancing measures in place



We provide hand washing capabilities and we are regularly sanitizing high-touch areas



Our staff has received training regarding social distancing and hygiene protocols



We have established thorough cleaning and disinfecting protocols



We ask you to do your part as well by wearing your face mask and maintaining social distance. Thanks—and we hope to see you again soon.

Signature

Covid-19 Guest Log Name Phone number Address Date/ Time # Guests

Name Phone number Address Date/ Time # Guests