

# NATICK, MASSACHUSETTS

## COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

### COVID-19 TEMPORARY OUTDOOR DINING APPLICATION

#### APPLICANT INFORMATION (Include name, address, phone number, email address)

Applicant: Dora Tavel-Sanchez Luz 13 West Central st. Ste 3 Natick, Ma Email: eatbuttercup@gmail.com  
Phone: 9176124680

Property Owner: Stonegate West Central LLC Email: \_\_\_\_\_  
Phone: 5086551700

Agent: (if any) \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PROPERTY INFORMATION:** Address: 13 West Central st Ste 3 Natick Mass

Record Title stands in the name of: Stonegate West Central LLC

#### Temporary Outdoor Dining Use Permits Require:

- A description of the proposed use, with seating capacity;
- An aerial photomap of the proposed outdoor dining site overlaid with seating and service layouts;  
Aerial maps can be generated here: <https://natickma.mapgeo.io/datasets/properties?abuttersDistance=100&zoom=13>
- A drawing of the proposed outdoor dining use marked with all pertinent dimensions and distances;
  - \* Tables must be at least six (6) feet apart, and hold no more than six (6) diners;
  - \* Uses on public rights of way must provide at least six (6) feet for public access and egress;
  - \* No bar or stand-up dining areas are allowed;
  - \* Where possible, designate assigned working areas to staff to limit movement within dining area;
  - \* Establish directional patterns for foot traffic of patrons and staff if possible;
- Images of all proposed signage, fixtures, materials and furnishings;
- Written permission to occupy or use the site of the proposed outdoor dining use (if applicant does not own site);
- All relevant forms and certifications required by the Commonwealth;

**SUBMITTALS:** Please send all applications to Ted Fields at [tfields@natickma.org](mailto:tfields@natickma.org)

I have submitted **ELECTRONIC** copies in Adobe Acrobat (PDF) format of the following to the Community Development office (check all that apply). Forms from the Commonwealth of Massachusetts can be obtained at:

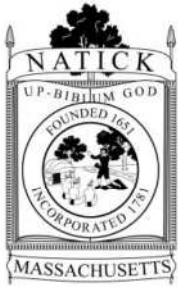
[https://www.mass.gov/info-details/reopening-massachusetts#sector-specific-protocols-and-best-practices-](https://www.mass.gov/info-details/reopening-massachusetts#sector-specific-protocols-and-best-practices)

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> Application                                | <input checked="" type="checkbox"/> MA COVID-19 Safety Attestation                  | <input checked="" type="checkbox"/> MA COVID-19 Plan | <input checked="" type="checkbox"/> MA COVID-19 Posters |
| <input checked="" type="checkbox"/> Site photo with seating & service layout   | <input checked="" type="checkbox"/> Drawing of proposed use w. dimensions/distances |  |   |
| <input checked="" type="checkbox"/> Images of signage, materials & furnishings | <input checked="" type="checkbox"/> Permission to occupy outdoor premises           |  |   |
| <input checked="" type="checkbox"/> Sample of Customer Tracking Log            |   |  |   |

I hereby request a REVIEW by the Natick Temporary Outdoor Review Committee:

Applicant's Signature: Dora Tavel-Sanchez Luz Date: 08/24/2020

Owner's Signature: Dean Calivas Date: 08/24/2020



# **NATICK, MASSACHUSETTS**

## **COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT**

### **COVID-19 TEMPORARY OUTDOOR DINING APPLICATION**

#### **Municipal Contacts:**

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

# Approved Plan



Table Dimension 24x28  
8 tables

Lin Design Studio, Inc. 40 William Street #3 Boston, MA 02118	13 West Central Street Natick, MA		TITLE: PROPOSED FIRST FLOOR PLAN		FOR:  DATE: 5/5/2017	SCALE: 1/16" = 1'-0"  A-1
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WEST CENTRAL STREET

# Proposed Expansion

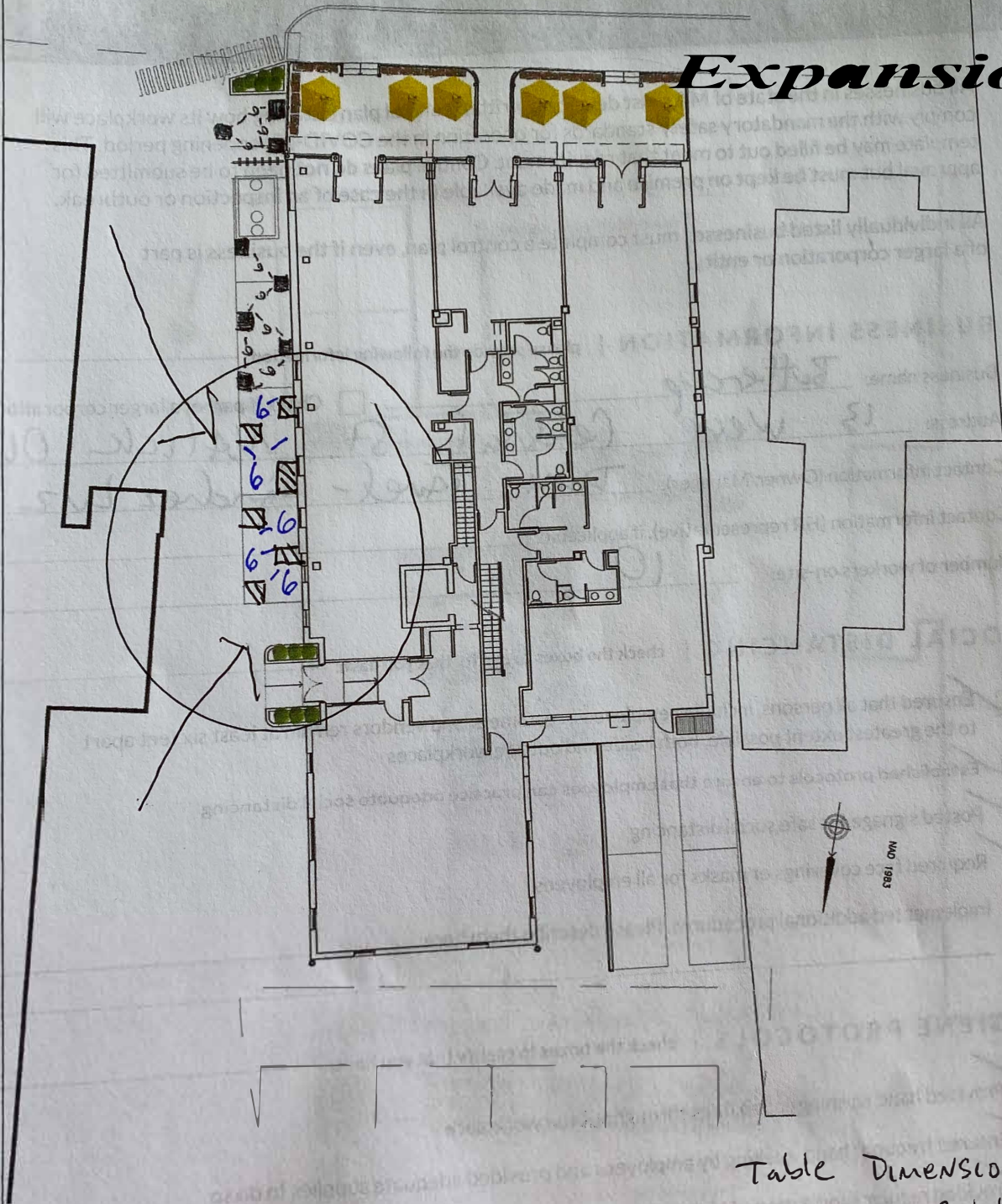


Table Dimension 24x28  
8 tables

13 West Central Street  
Natick, MA

Lin Design Studio, Inc.  
40 Western Street  
Boston, MA 02118

TITLE:  
PROPOSED  
FIRST FLOOR PLAN

FOR:

DATE:  
5/4/2017

SCALE:  
1/16" = 1'-0"

A-1



# 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: Buttercup ☐ Check if part of a larger corporation  
 Address: 13 West Central St. Natick 01760  
 Contact information (Owner/Manager): Dora Tavel-Sanchez Lwz  
 Contact information (HR representative), if applicable: \_\_\_\_\_  
 Number of workers on-site: 10

## 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:

- ☒ 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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## STAFFING & OPERATIONS check the boxes to certify that you have: \_\_\_\_\_

- ☒ 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: \_\_\_\_\_

- ☒ 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:



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.

A stylized, handwritten signature in black ink.

Signature

Covid-19 Guest Log

Name

Phone number

Address

Date/ Time

# Guests

Name

Phone number

Address

Date/ Time

# Guests

Name

Phone number

Address

Date/ Time

# Guests

Name

Phone number

Address

Date/ Time

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