



City of Annapolis
 Office of the Mayor
 Special Projects Coordinator
 160 Duke of Gloucester Street
 Annapolis, MD 21401-2517

FOR CITY USE ONLY	
FORM #	RZ-001-20
EVENT DATE	6/5 or 6/6 →
SUBMITTED	6/9/20
STATUS	Approved 6/5/20

SpecialEvents@annapolis.gov • 410-263-7996 • Fax 410-216-9284 • TDD use MD Relay or 711 • www.annapolis.gov

Special Events Application and Agreement
 (ONLY for Recovery/Reopening Districts during the City State of Emergency for COVID-19)

This Special Events Application and Agreement (collectively, "Application") shall be submitted by the applicant ("Applicant") to the City of Annapolis ("City") Special Events Coordinator only for any recovery/reopening zones during the COVID-19 state of emergency proposed to be held in the City ("Special Event"), as further described and authority by Executive Order # 17 by the Mayor of the City of Annapolis, to determine whether the Special Event is in compliance with all applicable laws and regulations and is not detrimental to the public health, safety and welfare of the City, and to issue a Special Events Permit if the Special Event is approved by the City.

EVENT INFORMATION. Fill in the following information for the Event:

1. Which Recovery Zones is this application for?

- Downtown: Top of Main Street-----
- Downtown: Market Square-----
- Downtown: Lower Dock Street-----
- Downtown: Maryland Avenue-----
- Eastport: Fourth Street-----
- Inner West Street: First block of West Street-----
- West Annapolis: Annapolis Street-----
- SOFO: Shopping Center-----
- Other area: _____

Applicant shall attach a map or other drawing reflecting all locations, routes, and participating establishments/businesses in sufficient detail included the number of parking spots impacted.

- 2. Applicant's Legal Name Eastport Business Association
- 3. Event Organizer Name (if different than applicant) _____
- If an entity, Applicant is organized in the State of: Maryland
- If an entity, is Applicant in good standing in the State of Maryland? Yes No
- Address PO Box 4115 Annapolis, MD 21403
- 4. Contact Name Michael Tomasini Phone Number 443.623.6056
- 5. E-mail eastportbusiness@gmail.com Phone during Special Event 443.623.6056
- 6. Date(s) Start Date: 6/1/2020 End Date: Close of the State of Emergency

7. Start Time NA End Time NA
 8. Set-up Time NA Breakdown NA
 9. Is Special Event in the Historic District? Yes No Special Event will be in Ward # 8
 10. ATTENDEES. Anticipated Number of Special Event Attendees: NA

11. PARTICIPANTS: List all participating establishments/business, including each one's type and class of alcoholic beverage license with the City. Individual permits by Addendum.

ADDITIONAL EVENT DETAILS

Severn Sailing Association, Eastport Yacht Club, Inn at Horn Point, Bread and Butter Kitchen, Leeward Market, Chart House, O'Learys, Ruth's Chris, Seafarers Club, Boatyard Bar and Grill, Forward Brewing, Davis Pub, Peerless Rens, Carrol's Creek, Blackwall Hitch, Annapolis Yacht Club, Mears Marina, Bakers and Co, Vin 909, Eastport Democratic Club, Adams, Eastport Kitchen, Sammy's Pizza Kitchen, Palate Pleasers

SPECIAL EVENT DETAILS. In response to Paragraphs 11 through 23, set forth all required plans for each question answered "yes". For all items with a * symbol, include plans, diagrams and/or maps with Application. For items with a ^ symbol, the Applicant may be required to submit an additional application(s) to the Clerk of the Alcoholic Beverages Control Board for approval of sales, service and/or consumption of alcoholic beverages.

11. Are you selling:
- Dry Goods/Merchandise _Yes _No
 - Food _Yes _No
 - Non-Alcoholic Beverages _Yes _No
 - Alcoholic Beverages^ _Yes _No
12. Are you selling or consuming:
- Food _Yes _No
 - Non-Alcoholic Beverages _Yes _No
 - Alcoholic Beverages^ _Yes _No
13. Will Special Event require docking or mooring? _Yes _No
14. Will Special Event require electricity? _Yes _No
15. Will Special Event have amplified music? _Yes _No
- Type, duration: _____
16. Will Special Event require water service? _Yes _No
17. Will Special Event require a temporary structure? * _Yes _No
18. Will Special Event involve cooking? _Yes _No
19. Will Special Event have fireworks? _Yes _No
20. Will Special Event require street or sidewalk closure? * _Yes _No
21. Will Special Event affect access or parking for regular religious services? _Yes _No

22. Set forth and attach a plan to notify area residents. *

23. Provide detailed plans for the following:

- Parking and Transportation, including the need for any City-designation of "Resident Parking Only" spaces/blocks as determined in the Special Events Coordinator's discretion. *
- Security/Special Event management. *
- Toilet facilities. *
- Trash and Recycling collection and disposal, including all necessary signs, and provision for an equal number of trash and recycling receptacles, placed together, available throughout the entire Special Event, and the collection and removal of the same recyclable materials collected by City curbside recycling. *

24. **INSURANCE/DAMAGES.** Unless waived in writing pursuant to Section 14.18.150 of the City Code, as may be amended, this Application shall not be approved and the Special Event shall not be conducted unless and until the Applicant produces written proof of a current insurance policy or rider establishing that the Applicant is currently insured, in the amounts specified in this Paragraph 24 or such other amounts as specified by the City in writing and in a form acceptable to the City, against liability for injuries and damages to persons and property arising from the acts or omissions of the Applicant, and its agents, employees, volunteers, and contractors, that occur in the planning and/or operation of the Special Event. The City and its elected officials, department directors, and other employees and agents shall be named as additional insureds under the policy or rider. This policy or rider shall be submitted to the City's Special Events Coordinator no later than fifteen (15) calendar days prior to the Special Event. The Applicant shall provide insurance coverage that shall be maintained in full force and effect throughout the duration of the Special Event, as follows: Commercial General Liability Insurance Policy, including contractual liability, written on an occurrence basis, in adequate quantity to protect against legal liability arising out of the Special Event, but no less than \$1,000,000.00 per person and \$2,000,000.00 per occurrence in the aggregate, using a Combined Single Limit for bodily injury and property damage; Automobile Liability for the use of all vehicles owned and non-owned, operated or hired or rented by the Applicant for the Special Event with a minimum limit of \$1,000,000.00 per person and \$2,000,000.00 per occurrence in the aggregate, using a Combined Single Limit for bodily injury and property damage; and Workers Compensation insurance as required by Maryland law, with limits of at least \$100,000.00 per accident and \$500,000.00 per occupational disease for each employee of the Applicant. For a Special Event using City navigable waters, proof of sufficient insurance coverage for all participating vessels may be required as determined in the sole discretion of the City Harbormaster. **Failure to maintain insurance pursuant to this Paragraph, or any absence of insurance as permitted by Section 14.18.150 of the City Code, as may be amended, shall not release or relieve the Applicant and/or any participant from responsibility for injuries or damages to persons or property that arise from the use of, access to, and/or lease of City property pursuant to the approval of this Application and the planning and operation of the Special Event.** If the Special Event shall result in damages to, or loss of, City property, in addition to any insurance and/or indemnification, the Applicant shall be responsible for the full cost of repair and/or replacement of that City property within thirty (30) calendar days of invoicing.

25. **INDEMNIFICATION.** Regardless of any insurance which may be provided as part of this Application, and pursuant to Section 14.18.130 of the City Code, as may be amended, to the extent permitted by law, the Applicant, for itself and its agents, employees, volunteers, and contractors, shall indemnify, defend and hold harmless the City and its elected officials, department directors, and other employees and agents from all liability for any and all injuries or damages to persons or property that arise from the use of, access to, and/or lease of City property pursuant to the approval of this Application and the planning and operation of the Special Event, and for any attorneys' fees and all other costs incurred in addressing and defending any and all claims, demands, complaints, and lawsuits that seek to impose liability on the City or its elected officials, department directors, and/or other employees and agents in connection therewith.

26. **DELINQUENT OBLIGATIONS.** This Application shall not be approved and the Special Event shall not be conducted if the Applicant is delinquent on any City obligation, tax, payment, or other liability.

27. **SUBMISSION PROCESS.** This Application may either be completed electronically and e-mailed to the Special Events Coordinator at SpecialEvents@annapolis.gov or completed as a paper submission and delivered or mailed to the Office of the Mayor, Attn: Special Events Coordinator, 160 Duke of Gloucester Street, Annapolis, MD 21401. The Special Events Coordinator shall review, and exempt, approve, approve with conditions, and/or deny this Application in

accordance with Chapter 14.18 of the City Code, as may be amended. Any Applicant aggrieved by a denial may appeal the decision in accordance with Section 14.18.090 of the City Code, as may be amended.

28. **NOTIFICATION OF SPECIAL EVENT.** The Applicant shall be responsible for providing notification of the Special Event in accordance with Section 14.18.120 of the City Code, as may be amended.
29. **CITY COUNCIL.** This Application may be subject to review and approval by the City Council.
30. **PERMITS/LEASES.** Any Special Events Permit or lease approved pursuant to this Application for the Special Event, and any additional permits or licenses required for the Special Event by the City and any other governmental entity, shall be posted on site at all times during the Special Event at a location which is clearly visible to the general public. Failure to do so may, in the sole discretion of the City, result in suspension or revocation of any permit approval or lease for the Special Event, approval of this Application, and/or the Special Event at any time before or during the Special Event. The issuance of any Special Events Permit or lease approved pursuant to this Application for the Special Event shall not relieve the Applicant from the obligation to obtain any other applicable necessary permits or licenses, as may be required for the Special Event by the City and any other governmental entity.
31. **DOCUMENTARY PROOF.** The City reserves the right to require the Applicant to produce documentary proof of any matter relating to this Application and/or the Special Event at any time and in any form, and the Applicant shall submit such requested documentary proof within five (5) calendar days of such request.
32. **SUSPENSION/REVOCAION.** The City may suspend or revoke approval of this Application and/or suspend or cancel the Special Event in accordance with Section 14.18.080 of the City Code, as may be amended. Upon notice of suspension or revocation by the City, pursuant to this Paragraph 32, whether verbally or in writing, the Applicant shall immediately cease and desist all work, activities, actions or proceedings related to this Application or the Special Event, or shall not commence if the Special Event is not already commenced. The City shall have the right, in addition to any other available rights or remedies, to proceed at any time or from time to time to protect and enforce all rights and remedies available to the City, by suit or any other appropriate proceedings, whether for specific performance of any covenant, term or condition set forth in this Application, or for damages or other relief, or proceed to take any action authorized or permitted under applicable law or regulations. Any Applicant aggrieved by a suspension or revocation may appeal the decision in accordance with Section 14.18.090 of the City Code, as may be amended. Any violation of Chapter 14.18 of the City Code, as may be amended, shall be subject to fines as established by resolution of the City Council.
33. **ACKNOWLEDGMENT, REPRESENTATIONS, WARRANTIES.** The Applicant acknowledges that the Applicant has read, understands and unconditionally accepts all terms and conditions stated in this Application. If the Applicant is an entity, the Applicant certifies that (a) it is currently licensed or registered to do business in the State of Maryland, (b) that it is in good standing with the State of Maryland, (c) that the individual signing below is legally authorized by the Applicant to sign this Application on its behalf and to legally bind it thereby, (d) that such signature represents the Applicant's acceptance of the terms and conditions of a Special Events Permit which the City issues pursuant to this Application, and (e) that the Applicant guarantees all liabilities and obligations imposed on it pursuant to the approval of this Application and the City's issuance of a Special Events Permit and a lease to City property, as applicable. If the Applicant is an individual, he/she certifies that his/her signature represents his/her acceptance of the terms and conditions of a Special Events Permit which the City issues pursuant to this Application, and that he/she individually and personally guarantees all liabilities and obligations imposed on him/her pursuant to the approval of this Application and the City's issuance of a Special Events Permit and a lease to City property, as applicable.
34. **LEGALLY BINDING.** This Application shall be legally binding and enforceable on the signatories.
35. **GOVERNING LAW.** This Application and its interpretation shall be governed by Maryland law. The venue for all actions pursuant to this Application shall be the Courts of Anne Arundel County, Maryland.
36. **AUTOMATIC TERMINATION.** This Application and the Special Events Permit issued in accordance with it shall be immediately terminated upon the expiration or earlier termination of the City State of Emergency for COVID-19.

37. I/We have read the terms and conditions that are incorporated into this application (pages 3-5) and agree to be bound thereby.

Michael Tomasini 5/29/2020
Signature of Applicant (Individual) Date
Name Michael Tomasini

Michael Tomasini 5/29/2020
Signature of Applicant's Legally Authorized Representative (Entity) Date
By Name Michael Tomasini Title EBA - President

FOR CITY USE ONLY

Reviewed by appropriate Department representative.

City Clerk	_____	PIO	_____
P&Z	_____	Public Works	_____
Finance	_____	Recreation & Parks	_____
Fire	_____	Transportation	_____
Harbormaster	_____	Other City/Council	_____
OEM	_____	DGS/Parking	_____
Office of Law	_____	Health Department	_____
Police	_____		

Special Event Application is hereby:

Referred to Office of Law for legislation for City Council Approved Disapproved
Approved with the following modifications:

*Approved for all locations
in addendums*

[Signature] 6/5/20
Signature of Special Events Coordinator on behalf of the Mayor's Office Date

Please complete all information. Attach a diagram of the proposed layout for outside dining.

- 1. Applicant's Legal Name 643 DP INC DAVIS PUB
- 2. Address 400 CHESTER AVE, ANNAPOLIS, MD 21403
- 3. Address of Event if different from #2 ---
- 3. Contact Name KEVIN COLBECK / PAUL DIZEBBA Phone Number 410-991-1419 / 410-271-5404
- 4. Email address KPCOLBECK@aol.com Alternate Phone # DAVISpubpaul@gmail.com
- 5. Enter Federal Tax ID # 753202302
- 6. Special Event Description & Details EXPAND DINING AREA INTO 4th STREET WITH TABLES DISTANCED 6feet APART

- 7. Special Event Days & Hours SEVEN DAYS A WEEK
 Start Times 11AM End Times 11pm
- 8. # of Tables requested 6 Total # of Diners 30

- 9. Liquor License Information: # 12213656
 Class of License B-4.x.a.b Expiration Date April 30, 2021
 Description & Restrictions WE HAVE A PACKAGE LICENSE + on Premise license

10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.

See ATTACHMENT

11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.

See ATTACHMENT

12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

13. Attach a current Certificate of Insurance naming the City as additional insured.

14. By signing this application, applicant has read the attached State guidelines for Best Practices to Reopen Restaurants and Bars, and agrees to comply.

Paul Dizabba Date 6-1-2020
 Signature of Applicant
PAUL DIZEBBA
 Print Name

JK Miller
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

- 1. Applicant's Legal Name Boatyard Bar & Grill
- 2. Address 400 Fourth St., Annapolis MD 21403
- 3. Address of Event if different from #2 _____
- 3. Contact Name Dick Franzo Phone Number 410 336 8880
- 4. Email address paula@boatyardbarandgrill.com Alternate Phone # 410 216 6019
- 5. Enter Federal Tax ID # 52-2228481
- 6. Special Event Description & Details temporarily add 15 tables w/ seating under tenting in the parking lot to offset COVID-19-related requirements for social distancing & reduced in-house dining. This seating does not exceed approved seating capacity.
- 7. Special Event Days & Hours
Start Times MF 11am - S&S 8am End Times 11:00pm daily. It is our intention to close outside dining @ 10pm
- 8. # of Tables requested 15 Total # of Diners apx 60
- 9. Liquor License Information: #9758986
Class of License class B-4.a.b. Expiration Date 4/30/21
Description & Restrictions license to serve beer, wine & liquor
- 10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
all carry-out to-go alcoholic beverages will be sold only at a specifically designated area, clearly marked. Signs prohibiting consumption on premise & in public will be posted.
- 11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
To-go beverages will not be sold at dining areas & people will be directed to designated areas for purchase.
- 12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant. please see att'd
- 13. Attach a current Certificate of Insurance naming the City as additional insured. please see att'd
- 14. By signing this application, applicant has read the attached State guidelines for Best Practices to Reopen Restaurants and Bars, and agrees to comply.

[Signature] Date 5/29/20
 Signature of Applicant
Richard Franzo
 Print Name

[Signature]
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

1. Applicant's Legal Name GMV Enterprises, Inc O'Leary's

2. Address 310 Third Street Annapolis, MD 21403

3. Address of Event if different from #2 _____

3. Contact Name Wil Peterson Phone Number 410.263.0884

4. Email address wilpeterson@gmail.com Alternate Phone # 443.254.0006

5. Enter Federal Tax ID # 52-2082789

6. Special Event Description & Details Outside seating on temporary platform in parking lot facing
Severn Ave

7. Special Event Days & Hours
Start Times Tuesday - Sunday 4pm End Times Tuesday - Sunday 10pm

8. # of Tables requested 10 Total # of Diners 20

9. Liquor License Information:
Class of License B-2, Beer, Wine and Liquor Expiration Date April 30, 2020

Description & Restrictions _____

10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.

All alcoholic beverages are sealed to be opened at home. Wine bottles and pre packaged cocktails.

11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.

All alcoholic beverages are sealed to be opened at home. Wine bottles and pre packaged cocktails.

12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

13. Attach a current Certificate of Insurance naming the City as additional insured.

14. By signing this application, applicant has read the attached State guidelines for *Best Practices to Reopen Restaurants and Bars*, and agrees to comply.

William Peterson Date 6.01.2020

Signature of Applicant

William Peterson

Print Name

Handwritten signature and date: 6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

1. Applicant's Legal Name Blackwall Hitch Annapolis
2. Address 400 Sixth Street Annapolis MD 21403
3. Address of Event if different from #2 N/A
3. Contact Name James King Phone Number 202-997-7303
4. Email address jjking22@aol.com Alternate Phone # 410-263-3454 (restaurant)
5. Enter Federal Tax ID # 462366669
6. Special Event Description & Details To erect a tent in the rear of our building in the parking lot for outdoor seating.
7. Special Event Days & Hours
 Start Times Mon-Thurs: 4-10pm, Fri: 11am-10pm, Saturday: 10am-10pm, Sunday: 10am-10pm End Times _____
8. # of Tables requested 20 tables Total # of Diners 80 guests
9. Liquor License Information:
 Class of License B-4.x.a. Beer, wine and Liquor Expiration Date April 30th 2020
 Description & Restrictions City of Annapolis, State of MD Alcoholic Beverage License Licensing Year 2019-2021
10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
All carryout beverages will be sealed. We will have 1 form of egress in and out.
All carryout beverage orders will be picked up at the main bar entrance.
11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
No alcoholic beverages will be sold at tables to go.
12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.
13. Attach a current Certificate of Insurance naming the City as additional insured.
14. By signing this application, applicant has read the attached State guidelines for *Best Practices to Reopen Restaurants and Bars*, and agrees to comply.

Daraj L. Munshower Date 6/1/2020
Signature of Applicant

Daraj L. Munshower
Print Name

Munshower
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

- 1. Applicant's Legal Name CHLN - MARYLAND, INC Chart House
- 2. Address 300 SECOND ST ANNAPOLIS MARYLAND 21403
- 3. Address of Event if different from #2 _____
- 3. Contact Name THOMAS M FINNAN Phone Number 410-268-7166
- 4. Email address THOMAS.FINNAN@IDRY.COM Alternate Phone # 843-422-3410
- 5. Enter Federal Tax ID # 37-1431115
- 6. Special Event Description & Details PLEASE SEE ATTACHMENT

- 7. Special Event Days & Hours
Start Times 4pm (MON-SAT) 2pm (SUNDAY) End Times 9³⁰ pm
- 8. # of Tables requested 20 Total # of Diners 80

- 9. Liquor License Information:
Class of License B-4, x, Beer Wine & Liq. Expiration Date 4/30/20
Description & Restrictions _____

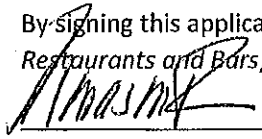
- 10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
N/A

- 11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
N/A

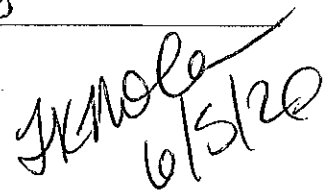
- 12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

- 13. Attach a current Certificate of Insurance naming the City as additional insured.

- 14. By signing this application, applicant has read the attached State guidelines for *Best Practices to Reopen Restaurants and Bars*, and agrees to comply.

 Date 6/1/2020
Signature of Applicant

THOMAS M. FINNAN
Print Name


6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

1. Applicant's Legal Name Bread and Butter Kitchen, LLC

2. Address 303 Second Street, Suite A, Annapolis, MD 21403

3. Address of Event if different from #2 _____

3. Contact Name Monica Alvarado Phone Number 410-980-6463

4. Email address monica@breadandbutterkitchen.com Alternate Phone # _____

5. Enter Federal Tax ID # 81-2926799

6. Special Event Description & Details Utilize several parking spots in front of my restaurant for additional seating capacity. Landlord has granted permission to use 3 spots on the water for this purpose.

7. Special Event Days & Hours
Start Times 7:30AM End Times 3PM

8. # of Tables requested 6 Total # of Diners 16

9. Liquor License Information:
Class of License _____ Expiration Date _____
Description & Restrictions _____

10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
N/A

11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
N/A

12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

13. Attach a current Certificate of Insurance naming the City as additional insured.

14. By signing this application, applicant has read the attached State guidelines for *Best Practices to Reopen Restaurants and Bars*, and agrees to comply.

Monica Al Date 6/2/2020

Signature of Applicant

Monica Alvarado

Print Name

SK Nolan
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

- 1. Applicant's Legal Name JLK Investments, LLC DBA Leeward Market
- 2. Address 601 Second Street Annapolis, MD 21403
- 3. Address of Event if different from #2 _____
- 3. Contact Name Michelle Kirby Phone Number 443.837.6122
- 4. Email address leewardmarketcafe@gmail.com Alternate Phone # 443.926.2107
- 5. Enter Federal Tax ID # 46-5652272
- 6. Special Event Description & Details place 4 - two top tables on sidewalk
2 along Chester Ave. ; 2 along 2nd Street

- 7. Special Event Days & Hours
Start Times 7 AM End Times 3 PM
- 8. # of Tables requested 4 Total # of Diners 8

- 9. Liquor License Information:
Class of License N/A Expiration Date _____
Description & Restrictions _____

- 10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
N/A

- 11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
N/A

- 12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

- 13. Attach a current Certificate of Insurance naming the City as additional insured.

- 14. By signing this application, applicant has read the attached State guidelines for *Best Practices to Reopen Restaurants and Bars*, and agrees to comply.

Michelle Kirby Date 6.2.2020
Signature of Applicant

Michelle Kirby
Print Name

Handwritten signature
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

1. Applicant's Legal Name ADAMS RIBS EAST, INC.

2. Address 921 C CHESAPEAKE AVE

3. Address of Event if different from #2 _____

3. Contact Name BRIAN TOOMEY Phone Number 410-320-1990

4. Email address brian.toomey@norestcapital.com Alternate Phone # _____

5. Enter Federal Tax ID # 52-1635699

6. Special Event Description & Details outside dining on covered breezeway of shopping center

7. Special Event Days & Hours
Start Times 12:00 PM End Times 10:00 PM

8. # of Tables requested 7 Total # of Diners 42

9. Liquor License Information:
Class of License B-4 Expiration Date 4/30/2021

Description & Restrictions _____

10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.

Allow guests to consume alcoholic beverages at the tables on the covered breezeway

11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.

Only in sealed containers

12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant. Attached - front of restaurant and adjacent closed movie theatre

13. Attach a current Certificate of Insurance naming the City as additional insured.

14. By signing this application, applicant has read the attached State guidelines for Best Practices to Reopen Restaurants and Bars, and agrees to comply.

Brian Toomey Date 6/1/20
Signature of Applicant

BRIAN P TOOMEY
Print Name

JMOB
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

1. Applicant's Legal Name Moynagh Enterprises LLC, DBA Eastport Kitchen
2. Address 923 Chesapeake Ave, Annapolis, MD 21403
3. Address of Event if different from #2 _____
3. Contact Name Tony Moynagh Phone Number 301-346-1997
4. Email address eastportkitchen@gmail.com Alternate Phone # _____
5. Enter Federal Tax ID # 47-2677134
6. Special Event Description & Details Outside dining for our customers
7. Special Event Days & Hours
Start Times Sun-Wed 9am / Thurs-Sat 9am End Times Sun-Wed 2pm / Thurs-Sat 9pm
8. # of Tables requested 8 Total # of Diners 20
9. Liquor License Information:
Class of License B-2 Expiration Date April 2020 (waiting for a new one)
Description & Restrictions Beer + Wine
10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
We sell carryout to go alcoholic beverages properly bagged to those customers who are of legal drinking age.
11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
We will provide table service for those customers who are of legal drinking age.
12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.
13. Attach a current Certificate of Insurance naming the City as additional Insured.
14. By signing this application, applicant has read the attached State guidelines for Best Practices to Reopen Restaurants and Bars, and agrees to comply.

Signature of Applicant

Anthony Moynagh

Print Name

Date

6/2/20SK Nolan
6/5/20

Please complete all information. Attach a diagram of the proposed layout for outside dining.

1. Applicant's Legal Name Annapolis Marins Restaurant Inc. ^{TA} Carrol's Creek Cstc

2. Address 410 Severn Ave Annapolis MD 21403

3. Address of Event if different from #2 _____

3. Contact Name Jeffrey Jacobs Phone Number 410-263-8162

4. Email address jjacobs@carrolscreek.com Alternate Phone # 443-994-4699

5. Enter Federal Tax ID # 52-1267036

6. Special Event Description & Details Expand outside dining area into the common space of Annapolis City Marins Complex

7. Special Event Days & Hours
Start Times 11:30 M-Sat 10 Sunday End Times 10 pm

8. # of Tables requested 11 Total # of Diners 50

9. Liquor License Information:
Class of License B-4 Expiration Date 4-30-20 (Extended by City of Annap)
Description & Restrictions M-Sun Beer Wine Liqueur

10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event. Staff uses current laws for alcohol service. We currently only sell alcoholic beverages in sealed containers. Guest would only be able to take sealed wine bottles from table service.

11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages. Staff would direct guests to go to current area to purchase sealed containers of alcoholic beverages to go off premises.

12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

13. Attach a current Certificate of Insurance naming the City as additional insured.

14. By signing this application, applicant has read the attached State guidelines for Best Practices to Reopen Restaurants and Bars, and agrees to comply.

[Signature] Date 6-3-20

Signature of Applicant
Jeffrey Jacobs
Print Name

[Signature]
6/5/20

EASTPORT RECOVERY DISTRICT SPECIAL EVENT APPLICATION

ADDENDUM # B 11

Please complete all information. Attach a diagram of the proposed layout for outside dining.

- 1. Applicant's Legal Name VIN 909 WineCafe LLC
- 2. Address 909 Bay Ridge Ave, Annapolis, md 21403
- 3. Address of Event if different from #2 _____
- 3. Contact Name Chuck Manfredonia Phone Number 301-908-6850
- 4. Email address Chuck@VIN909.com Alternate Phone # 410-626-9868
- 5. Enter Federal Tax ID # 80-0867089
- 6. Special Event Description & Details Addition of six individual 10x10 tents in VIN 909 Parking lot

- 7. Special Event Days & Hours
Start Times 12:00 PM End Times 10 PM

- 8. # of Tables requested 10 Total # of Diners 25

- 9. Liquor License Information:
Class of License B2 Expiration Date 7/30/20
Description & Restrictions Beer + light wine

- 10. Describe in detail the plan to manage and monitor Carry-Out To-Go alcoholic beverages for consumption off-premise during the event.
Alcohol will be served only at tables under tent/umbrellas & not permitted on other parts of property

- 11. Describe in detail the plan to manage and monitor requests from diners for Carry-Out To-Go alcoholic beverages.
Per Gov. Hogan's agreement, only closed containers alcohol (Beer & wine) is permitted for carry out

- 12. Attach a diagram of the layout of the area to be considered for the Special Event. Include how it relates to the location of the restaurant.

- 13. Attach a current Certificate of Insurance naming the City as additional insured.

- 14. By signing this application, applicant has read the attached State guidelines for *Best Practices to Reopen Restaurants and Bars*, and agrees to comply.

C. J. Manfredonia Date 6/4/2020
Signature of Applicant

Charles J. Manfredonia
Print Name

W. Nolan
6/5/20