



LICENSE REQUEST

STATE STREET SEASONAL OUTDOOR EXPANSION ALCOHOL SERVICE

License Expires: Oct 31, 2022

PETITION TO THE TOWN COUNCIL

To the Honorable Town Council of the Town of Bristol:
The undersigned hereby respectfully requests of
your Honorable Body to be granted a

STATE STREET SEASONAL OUTDOOR EXPANSION - ALCOHOL SERVICE LICENSE

NAME OF ESTABLISHMENT: BAR 31

ADDRESS: 29 State St Bristol RI

APPLICANT NAME: Eiser Ramirez

*HOURS OF OPERATION: 5am - 10pm

*hours of outdoor service of food and drink shall cease at 11:00 p.m. nightly. (Sec 25-16)

- ☐ Seasonal Outdoor Expansion Permit
- ☐ Certificate of Liability Insurance
- ☐ Sketch of area planned for use

Please attend the Council Meeting on
June 22, 2022.

Petition must be returned by
June 10, 2022.

SIGNATURE: Eiser L Ramirez

NAME: Eiser L Ramirez

ADDRESS: 29 State St

TOWN: Bristol

DATE OF BIRTH: _____

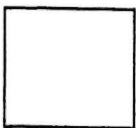
BUSINESS TELEPHONE #: 401 297 0531

HOME TELEPHONE #: 401 787 5807

Date Received: _____

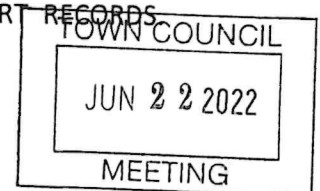
EMAIL: elserramirez1970@gmail.com

TAX STAMP



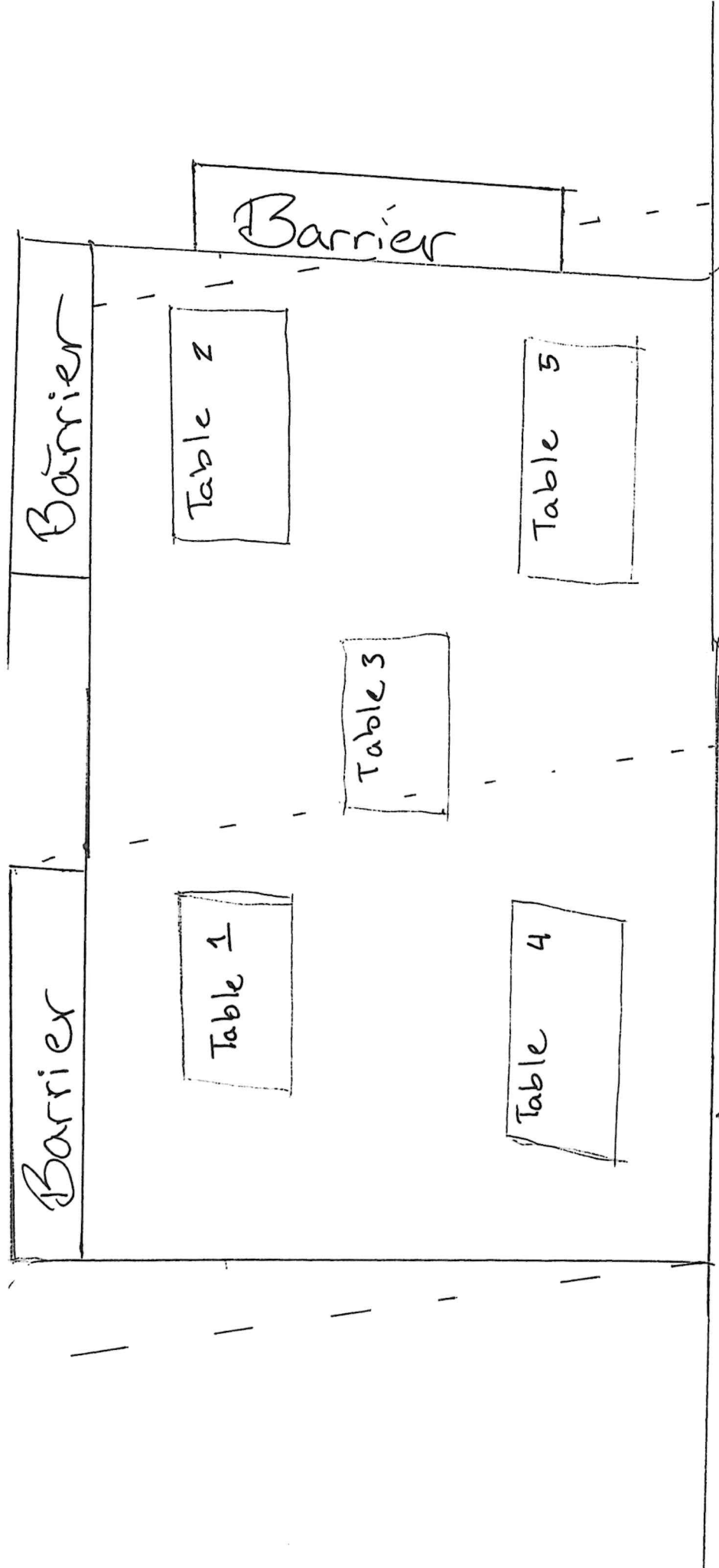
TO BE USED BY FINANCE
DEPARTMENT

*BY SIGNING THIS PETITION, I CONSENT TO EXAMINATION AND
RELEASE OF RECORDS AND INFORMATION REGARDING MY
BACKGROUND, INCLUDING POLICE RECORDS, EDUCATIONAL
INFORMATION, RESIDENCE RECORDS, AND ANY COURT RECORDS



TOWN CLERK'S OFFICE
BRISTOL, RHODE ISLAND

2022 JUN 19 PM 3:54



Sidewalk

12'





STATSTR-01

HMEDEIR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2022

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).

PRODUCER
FBinsure, LLC
128 Dean Street
Taunton, MA 02780

CONTACT NAME:
PHONE (A/C, No, Ext): (508) 824-8666 FAX (A/C, No): (508) 880-0142
E-MAIL ADDRESS: info@fbinsure.com

INSURED
State Street Tavern, LLC
C/O Elser Ramirez
73 Regent Ave
Providence, RI 02908

INSURER(S) AFFORDING COVERAGE
INSURER A: Hospitality Mutual Ins Co NAIC # 13163
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP3801189	10/6/2021	10/6/2022	EACH OCCURRENCE \$ 1,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00 MED EXP (Any one person) \$ 5,00 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			CPP3801189	10/6/2021	10/6/2022	Per occurrence \$ 1,000,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Town of Bristol
10 Court Street
Bristol, RI 02809

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



TOWN CLERK'S OFFICE

Melissa Cordeiro, Town Clerk

10 Court Street
Bristol, RI 02809
Tel. 401-253-7000
Fax. 401-253-2647
Email: Mcordeiro@bristolr.gov

MEMORANDUM

TO: Steven Contente
TOWN ADMINISTRATOR

FROM: Melissa Cordeiro
COUNCIL CLERK

DATE: June 10, 2022

RE Elser L Ramirez, Bar 31, 29 State Street -
Request for State Street Seasonal Outdoor Expansion -
Alcohol Service License

May we please have your recommendation or the recommendation of the department head you deem appropriate in order for the Council to review the request at the regular Town Council Meeting to be held on June 22, 2022.

Please note that all council items are due at 12PM noon one week prior to the meeting. All and any items received after the deadline will be held until the next council agenda.

Thank you for your cooperation and prompt reply.

Attachment