



1025 31st St SE

PO Box 5006

Minot, ND 58702

planner@minotnd.org

(701) 857-4122

Planning Department

Outdoor Dining Application/Encroachment Permit

Applicant Information

Applicant 10 North Main
Address 10 Main Street North
City Minot State ND Zip 58703
Phone (701) 837-1010
Email 10@tennorthmain.com

Property Owner Information

Property Owner BAB, LLC
Address 10 Main Street North
City Minot State ND Zip 58703
Phone (701) 857-1010
Email 10@tennorthmain.com

Application Information

Property Address 10 Main Street N Current Zoning Commercial

Property Legal Description _____

I/we the permit holder & applicant hold harmless and indemnifies the city from any claims or causes of action arising out of or related to the permitted activity; including, but not limited to, compliance with the Americans with Disabilities Act, the IBC (as amended by section 9-2 of the City of Minot Code of Ordinances), and all other health and safety laws and regulations.

10 North Main
Applicant

Bruny Kemper
Property owner

5-22-18
Date

5-22-18
Date

For office use only

Total Fee Paid _____ Receipt # _____

Planning Department Approval _____ Date _____



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- Site Plan showing the proposed location of furniture, canopies, fencing, signs, and other accessories for the outdoor dining area; a description, drawing, sketch, or photograph showing the design of all furniture, fencing, canopies, signs, and accessories to be used in the outdoor dining area; location for the outdoor dining area; and other pertinent information related to the use of the outdoor dining area.
- Certificate of Insurance for comprehensive general liability and products and complete operations coverage in a minimum amount of \$1,000,000.00 per occurrence and in the aggregate, provided that those certificates may be furnished as evidence of such coverage purchased for the applicant's principal place of business for serving food, food products and/or beverages, so long as such certificates meet the minimum acceptable requirements established in this section. All certificates shall be issued by an insurance company authorized to do business in North Dakota, shall name the city as additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration date without 30 days advance written notice to the city. The permit holder or encroachment agreement party shall continuously maintain the insurance required by this section and shall continuously provide the city with evidence of the insurance required by this section.
- Written approval from the health department and/or other applicable regulatory agency showing that the outdoor dining area has been inspected and is in compliance with current requirements for food handling establishments or sale of other product.

Reason for encroachment being requested People love sitting
outside for good drinks and
socializing during our
beautiful spring & summer
seasons.



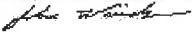

	First District Health Unit Environmental Health Division 801 11th Ave SW Minot ND 58701 Phone: (701) 852-1376 Fax: (701) 852-5043 www.fdh.u.org	License #: FD17-01960 Establishment: 10 NORTH MAIN Address: 10 N MAIN ST City/State/Zip: MINOT ND 58703 Owner: ASHLEE DESCHAMP/10 PARTNERS LLC Telephone #: (701) 837-1010	Date: 05/01/2018 Score: 92 Critical: 3 Non-Critical:0 Time In: 4:00 PM Time Out: 5:15 PM EHP Code: 05	
	Compliance Status: IN = In Compliance OUT = Out of Compliance N/A = Not Applicable N/O = Not Observed		Purpose: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Follow-Up <input type="checkbox"/> Other: _____	
	FOOD		EQUIPMENT, UTENSILS, AND LINENS	
	In	1. FOOD FROM AN APPROVED SOURCE	Out	22. FOOD CONTACT SURFACES CLEAN, SANITIZED, MAINTAINED, APPROVED
	In	2. FOOD IN GOOD CONDITION, SAFE AND UNADULTERATED	In	23. NON-FOOD CONTACT SURFACES CLEAN, MAINTAINED
	In	3. FOOD COVERED AND PROTECTED FROM CONTAMINATION, CROSS CONTAMINATION	In	24. UTENSILS, EQUIPMENT, LINENS PROPERLY STORED, USED, DESIGNED, MAINTAINED
In	4. FOOD PROPERLY LABELED	In	25. SINGLE-SERVICE/SINGLE-USE ITEMS: MATERIALS, STORAGE, USE	
Out	5. PROPER THAWING PROCEDURES	In	26. DISPENSING UTENSILS: STORED, USED CORRECTLY	
In	6. PROPER COOKING TEMPERATURES AND TIMES	N/O	27. WIPING CLOTHS PROPERLY USED, STORED	
In	7. PROPER COOLING PROCEDURES	In	28. APPROVED WAREWASHING FACILITIES, PRACTICES	
N/O	8. PROPER REHEATING PROCEDURES	PHYSICAL FACILITIES		
In	9. PROPER HOT/COLD HOLDING TEMPERATURES, PROCEDURES	In	29. PHYSICAL FACILITIES MEET REQUIREMENTS	
Out	10. PROPER DATE MARKING AND DISPOSITION OF EXPIRED FOOD	In	30. PHYSICAL FACILITIES CLEAN, MAINTAINED	
N/O	11. FRUITS/VEGETABLES WASHED	In	31. RESTROOMS: NUMBER, APPROVED, SUPPLIES	
EMPLOYEES AND MANAGEMENT		In	32. VENTILATION/LIGHTING: APPROVED, ADEQUATE	
In	12. ALL FOOD EMPLOYEES HAVE CURRENT FOOD SAFETY EDUCATION CARD	In	33. ANIMALS/PESTS/VERMIN EXCLUDED, CONTROL MEASURES	
In	13. PERSON IN CHARGE PRESENT, KNOWLEDGEABLE, PERFORMS DUTIES	In	34. FIRE SAFETY, FIRE SUPPRESSION	
In	14. PERSON IN CHARGE KNOWLEDGABLE ABOUT EMPLOYEE HEALTH AND EMPLOYEE HEALTH POLICY; POLICY IS IN COMPLIANCE WITH REQUIREMENTS; POLICY APPLIED AS REQUIRED	WATER, PLUMBING, WASTEWATER, TRASH		
In	15. SICK EMPLOYEES EXCLUDED/RESTRICTED	In	35. WATER SUPPLY: APPROVED, ADEQUATE	
In	16. NO DISCHARGE FROM EYES, NOSE, MOUTH	In	36. WASTEWATER SYSTEM: APPROVED, ADEQUATE	
In	17. FOOD EMPLOYEES CLEAN, CLOTHING CLEAN, NO JEWELRY ON HANDS/ARMS, HAIR RESTRAINED	In	37. PLUMBING SYSTEM: APPROVED, ADEQUATE, MAINTAINED	
In	18. PROPER HANDWASHING	In	38. TRASH: STORAGE, RECEPTACLES, REMOVED	
In	19. APPROVED HANDSINK, ACCESSIBLE, PROPERLY EQUIPPED	CHEMICALS, TOXIC AND POISONOUS MATERIALS		
In	20. NO BARE HAND CONTACT WITH READY-TO-EAT FOODS	In	39. CHEMICALS, POISONS/TOXIC MATERIALS: USE, LABELING, STORAGE	
In	21. PROPER EATING, TASTING, DRINKING, TOBACCO USE	In	40. SANITIZERS: APPROVED, USE, TESTING EQUIPMENT	
		MISCELLANEOUS PROVISIONS		
		In	41. LICENSES, VARIANCES, HACCP, PAPERWORK	
		In	42. ALL OTHER PROVISIONS	

Temperature Observations					
Item/Location	Temperature	Item/Location	Temperature	Item/Location	Temperature
PORK/Cold-Hold Unit	40°F	BEEF/Refrigerator	32°F	PASTA/Walk-In Cooler	72°F

Critical	Code Reference	Line	Violation Description
X	4-120	5	bags of raw vacuum packed pheasant thawing out on the counter Correct By: 05/01/2018
X	4-128	10	couple of items in the walk-in cooler without date-marking Correct By: 05/01/2018
X	4-310	22	knife with food debris present stored on the magnetic knife holder Correct By: 05/01/2018

Inspector Comment(s): 10@tennorthmain.com

Follow-up Required: YES NO

Inspector's Signature:  Received By: 



BABHOLD-01

VICKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/22/2018

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 Western Agency Inc 408 20th Ave SW Minot, ND 58701	CONTACT NAME: PHONE (A/C, No, Ext): (701) 852-5383 E-MAIL ADDRESS: mail@western-agency.com	FAX (A/C, No): (701) 852-6272													
	<table border="1"> <tr> <th>INSURER(S), AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Secura</td> <td>22543</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S), AFFORDING COVERAGE	NAIC #	INSURER A : Secura	22543	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED BAB Holdings, LLC PO Box 969 Minot, ND 58702-0969															

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	COMMERCIAL GENERAL LIABILITY			20-BP-003269902-7	06/12/2017	06/12/2018	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X Business Owners	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			20-CU-003269903-7	06/12/2017	06/12/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Minot, North Dakota is listed as an Additional Insured on the General Liability policy with 30 days notice of cancellation.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN