

Borough of East Stroudsburg
Business Owners Application to
Participate in
Business Recovery Plan

Name of Business

Address of Business

Owner or Contact Person

Phone _____ Email _____

Owner of Property if not the Owner of the business:

Manager of the Business _____

Cell: _____

Intended Use of Right of Way:

_____ Serving Food and Drinks _____ Retail

Hours of Operation:

Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Please select type of Right of Usage:

Parklet _____ Sidewalk _____

If using a Parklet, how many spaces _____

Location of Parklet (address)

Type of Parking Space: Parallel _____ Diagonal _____ Perpendicular _____

Type of Barrier _____

Please describe use of right of way (Parklet or sidewalk), (number of tables, chairs, display, etc.)

_____ Number of tables _____ Number of Chairs (no more than 6 per table)
_____ Number of displays (shelving, etc.)

This application must also include:

- A 8 ½" X 11" Plot Plan drawing indicating your choice for use of outside space. NOTE: The Borough will make the final decision on the location of your outdoor facilities.
- Certificate of Insurance naming the Borough of East Stroudsburg PA as an Additional Insured of not less than \$1 million combined single limit for bodily injury, death, and property damage.
- A copy of the Borough of East Stroudsburg Business License and Health License where applicable.
- Name, address, and contact information of person responsible to ensure compliance with the permission granted during hours of operation. Person must be available to respond to the Borough within 20 minutes if contacted by Borough personnel or law enforcement.

By applying for permission to participate in this program requires that I(we) am aware that my business, _____, including all its employees, contractors and subcontractors, must comply with all applicable aspects of this program, the Governor's Executive Orders and Guidance for specific businesses to reopen including, but not limited to, adhering to the recommended best practices and procedures for maintaining safe daily habits in order to reduce the risk of exposure to COVID-19. The purpose of the recovery plan is to allow small businesses to temporarily expand their footprint in order to adhere to COVID-19 safe business practices.

I(We), the undersigned, hereby attest that as the Owner and/or Manager of _____ ("Business"), that I(we) am authorized to bind and act on behalf of said Business. The Business agrees to assume and shall assume all risk of injury, damage, and loss arising from any known, anticipated, unknown or unanticipated damages, injuries, and/or liabilities including, by way of example and not limitation, the possibility of the spread of COVID-19 virus to customers, employees, contractors, and subcontractors regardless of safe protocols and business practices being utilized as the result of the Business' use of the outdoor business area located at _____ in the Borough of East Stroudsburg, PA.

I further understand and agree that the authorization of the Borough to participate in the recovery plan is temporary in nature and does not constitute a license or a permit but only permission to operate so long as my business operates within the parameters of this plan, its policy and the protocols established by the Governor's Executive

Orders and Guidance for specific businesses. It is currently anticipated that the recovery plan will remain in effect while Monroe County operates in the yellow phase of reopening. Accordingly, I agree that this permission does not constitute a property right and the revocation of this permission or change of protocols under which businesses may operate may be made by the Borough, within the Borough's sole discretion at any time, and any such action is not appealable. Further, no action taken by the Borough in granting this permission shall preempt any rule, law, statute, or regulation regarding the conduct of a business under licenses issued by the Commonwealth, the State of local Department of Health, and/or the Pennsylvania Liquor Control Board.

The Business further agrees to release the Borough of East Stroudsburg PA, its officers, employees, agents, and servants, from any and all claims arising out of the use of the outdoor business area. Said Business further agrees to indemnify and hold the Borough of East Stroudsburg PA and its officers, employees, agents and servants harmless from any and all claims, actions, injuries, expenses, damages, or loss of any kind and description arising from said use of the outdoor business area, including claims for damages or injuries by third parties which may be made against the Business or Borough for any reason. The indemnification shall be risk shifting to the Business and not risk sharing with the Borough of East Stroudsburg. At no time will the Business be considered a partner or joint venturer with the Borough in the operations of its business.

I/We further understand that completing this application does not automatically place my/our business in this program. The Borough will do everything possible to include any and all businesses but may be restricted by traffic and location.

Signatures:

Witness:

Owner of Business Date

Manager of Business Date
