CITY OF HARRISONBURG, VIRGINIA

OUTDOOR DINING FACILITY LICENSE APPLICATION

BUSINESS NAME: _	Blace	k Sheep (offee			
BUSINESS ADDRES	s: <u>80</u>	East Market Street			
	Ham	sunburg VA ZZ801			
BUSINESS PHONE NUMBER: 540 217 5560					
BUSINESS OWNER: Chance Ebersold					
AGENT:					
BUSINESS LICENSE	: NO.:				
Description of Proposed Outdoor Furniture. Include quantity, colors, materials, and types:					
	Amount	Description			
Chairs:	12	wood + black metal			
Tables	6_	Wood + black metal wood + black metal			
Umbrellas:					
Heaters:					
Barrier:					

The following must be submitted with this application:

Non-refundable application fee of \$100.00

A detailed site plan drawn to scale with all dimensions clearly shown. All sidewalk obstruction shall be noted and detailed dimensions shall be clearly shown.

A copy of your Certificate of Insurance naming the City of Harrisonburg as an additional insured.

A photograph of your proposed outdoor dining area.

A photograph or vendor specification of proposed furniture.

This application along with the above items shall be returned to the Department of Community Development, 409 South Main Street, Harrisonburg, VA 22801. NOTE: SUBMITTTAL OF AN APPLICATION IS NOT AN APPROVAL TO SET UP AN OUTDOOR DINING FACILITY.

Applicant has read and covenants to comply with the Regulations and Requirements Relating to Outdoor Dining Facility Licenses Issued for City Right of Way in the B-1 Business District in the City of Harrisonburg, VA, a copy of which is attached hereto and made a part of this application and further desire to obtain an Outdoor Dining Facility License.

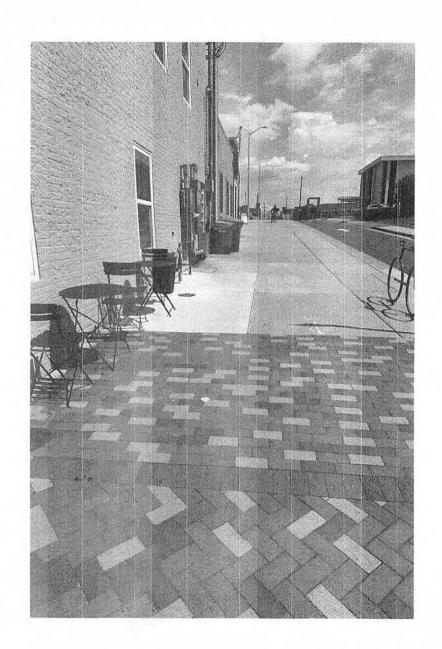
I will defend, indemnify and save harmless the City of Harrisonburg and its officers and employees from any and all loss, liability, damages, or judgments resulting from any claims made against any of them for injury to person(s) or property by reason of, or in connection with, the operation of any outdoor dining facility on a public sidewalk or pedestrian right of way or for injury to person(s) or property by reason of or occurring on the premises occupied by the outdoor dining facility.

I further agree to repair any damage caused to the sidewalk, pedestrian right of way or any public utility in the operation of the outdoor sinjusticility at my expense.

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epartment _			
	c Works Department _	Department	c Works









CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2025

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).

PRODUCE	•				NAME: Bob	by Du	dley			
State	Bobby Dudley				DUONE	10-433	3-2448	FAX (A/C, No):		
2760 S Main Street			E-MAIL bob	bv.du	dlev.bvx6@s		-			
O o o main ordor			ADDRESS: bobby.dudley.bvx6@statefarm.com INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#			
	Harrisonburg			VA 228012615	INSTIDED A . Sto			asualty Company	-	25143
NSURED					INSURER B :	o i all	iie aliu G	accuracy Company		20,10
	80 E MARKET LLC				INSURER C:					
	80 E MARKET ST			INSURER D :						
	And desired sector stocks (TT - TV - TV)				INSURER E :					
	HARRISONBURG			VA 228014127	INSURER F:				-	
COVER		TIFIC	ATE	NUMBER:	oonLRF;			REVISION NUMBER:		
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ISR TR	TYPE OF INSURANCE	ADD	SUB	POLICY NUMBER	POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
X	COMMERCIAL GENERAL LIABILITY					1		EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	000
	<u>/</u>							MED EXP (Any one person)	\$ 5,000	
A		N	N	96-E6-Y052-5	08/09/2	024	08/09/2025	PERSONAL & ADV INJURY	\$ 1,000,000	
GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,00	
	OTHER:								s	
AUT	OMOBILE LIABILITY					_		COMBINED SINGLE LIMIT	s	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	s	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	HIRED NON-OWNED							PROPERTY DAMAGE	s	
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
_	UMBRELLA LIAB OCCUP					+		EACH OCCURRENCE	s	
	EXCESS LIAB OCCUR CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$, workering	3	-
	RKERS COMPENSATION					+		PER OTH-	s	
ANI	PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT	\$	
OFF	ICER/MEMBER EXCLUDED?	N/A							-	
If ye	ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE		
DES	SCRIPTION OF OPERATIONS below	-				-		E.L. DISEASE - POLICY LIMIT	\$	
SCRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ne, may be attached	if more	space is requir	ea)		
ERTIF	ICATE HOLDER				CANCELLAT	ION				
	CITY OF HARRISONBURG 409 S MAIN ST				SHOULD ANY	OF TATION	DATE THE H THE POLIC	ESCRIBED POLICIES BE (EREOF, NOTICE WILL LY PROVISIONS.		
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	HARRISONBURG			VA 22801	Zandle	1		This form was system-ge	enerated on	07/10/2025
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2025

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(les) must be endorsed. If SUBROGATIONIS 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 CONTACT NORTHEAST AGENCIES INC/PHS NAME: (866) 467-8730 PHONE 01216356 (A/C, No, Ext): (A/C, No): The Hartford Business Service Center F-MAII 3600 Wiseman Blvd ADDRESS: San Antonio, TX 78251 INSURER(S) AFFORDING COVERAGE NAICE INSURED INSURER A : Hartford Underwriters Insurance Company 30104 Black Sheep Coffee, LLC INSURER B : 80 E MARKET ST INSURER C: HARRISONBURG VA 22801-4127 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS LTR INSR WVD (MM/DD/YYYY) (MM/DD/Y YYY) COMMERCIAL GENERAL LIABILITY FACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER-**GENERAL AGGREGATE** PRO-POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO **BODILY INJURY (Per person)** ALL OWNED SCHEDULED BODILY (NJURY (Per accident) AUTOS AUTOS NON-OWNED HIRED PROPERTY DAMAGE **AUTOS AUTOS** (Per accident) OCCUR EACH OCCURRENCE **UMBRELLA LIAB** CLAIMS-**EXCESS LIAB** AGGREGATE MADE DED RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$100,000 PROPRIETOR/PARTNER/EXECUTIVE N/ A 01 WEG AD1AAB 04/01/2025 04/01/2026 OFFICER/MEMBER EXCLUDED? \$100,000 E.L. DISEASE -EA EMPLOYEE (Mandatory in NH) if yes, describe unde F.L. DISEASE - POLICY LIMIT \$500,000 DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VENICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the Insured's Operations. **CERTIFICATE HOLDER** CANCELLATION For Informational Purposes SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED 80 E MARKET ST HARRISONBURG VA 22801-4127 IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHODIZED DEDDESCRITATIVE Susan S. Castaneda

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THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

July 29, 2025

For Informational Purposes 80 E MARKET ST HARRISONBURG VA 22801-4127

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Acc	taunt	Intorn	nation:

Policy Holder Details: Black Sheep Coffee, LLC

Need Help?

Chat online or call us at (866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team