

CK#5779  
\$100  
pd. 3/11/24

VILLAGE OF SKANEATELES  
26 Fennell St  
Skaneateles, NY 13152

315-685-2118  
Email: codes@villageofskaneateles.com

Fax: 315-685-0730

Application for Licensing (page 1 of 2)

Date of Application 3/11/24 Permit Date and Number \_\_\_\_\_

Name of Applicant Gilda's

Address of Applicant 12 West Genesee St., PO Box 529, Skaneateles, NY 13152

Applicant's Email kkeeler@thesherwoodinn.com Contact # 315 217 4044

Name of Property Owner (if different from applicant) Scitz Building, LLC

Property Owner Address 525 Plum Street, Syracuse ; NY 13204

Property Owner Email jmcfall@earthlink.net Contact # 315 424 1111

Type of Facility (as terms defined by Village Code):

Restaurant  Other \_\_\_\_\_

Tax Map Number 006, -06-16.0

Existing Use Commercial

Criteria as described in Chapter 225, sections-83-87 of the Village Code:

Any other authorizations needed or approvals obtained to operate \_\_\_\_\_

Business Owners' Policy Insurance/Certificate of Insurance

Name Selective Insurance Term 12/1/23 - 11/30/24

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Application for Licensing (page 2 of 2)

By signing below, the applicant agrees to indemnify, defend and save harmless the Village, its elected officials, officers, employees and agents from and against any claim, loss, liability or damage, including reasonable attorneys' fees, resulting from bodily injury, including death and property damage, sustained by any person as a result of a applicant's operation of a sidewalk cafe on public property - 225-87(1:)(4).

The applicant declares that the information contained in this application, and the plans, specifications and other supporting materials submitted in support of this application are true, the applicant has reviewed the excerpts of the Skaneateles Village Code attached hereto, and has made such representations to induce the Village of Skaneateles to issue a License and the applicant will comply with all laws, codes and ordinances controlling this work.

Date 3/11/24 Signature Kristin Bealer

Print Applicant's Name [Signature]

Affidavit of Owner or Applicant

STATE OF NEW YORK )

) ss:

COUNTY OF Onondaga )

On the 11 day of March, in the year 2024, before me, the undersigned, personally appeared Kristin Bealer, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

[Signature]
Notary Public
JULIE A. STENGER
Notary Public-State of New York
No. 01ST5073025
Qualified in Onondaga County
Commission Expires 02/10/2027

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Licensing Application Review Sheet

Date Received 3/11/24 Tax Map Number 006.-06-16

Applicant's Name THE SHERWOOD

Name of Property Owner (if different from applicant) SETZ BLDG, LLC.

Address of Worksite 12 W. GENESEE ST. / GILPA'S

Permit Fee Date Received 3/11/24 Amount Received 100.00

Additional Info. Requested

Date Review Completed 3/25/24 Signature [Signature]

Reasons for Denial - Does not comply with the following:

[Blank lines for reasons for denial]

Planning Board Review and Positive Recommendation
Planning Board Recommended Term of License
Planning Board Conditions, if any

Permit Number Date Issue Term
Application Status: Approved Denied

April 26, 2022

Village of Skaneateles  
26 Fennell St.  
Skaneateles, NY 13152

To Whom It May Concern,

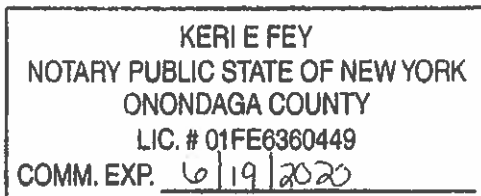
The Owners of the Seitz Building, Skaneateles, New York authorizes Gilda's to act on our behalf in the matter of the application for a sidewalk café.

Sincerely,



Ted Kinder – Managing Member, Seitz Building, LLC.

Notary



# GILDA'S

small plates / craft pizza

Village of Skaneateles  
Attn. Codes Office  
26 Fennell Street  
Skaneateles, New York 13152

Dear Mr. Crompt,

Please let this letter serve as notice that Kristin Bealer, Controller for the Sherwood Inn, has authority to act on our behalf as the applicant on the application for sidewalk café's in the Village of Skaneateles.

Sincerely,

Signature



Printed Name

William B. Eberhardt

Title

President

Date

5/5/2022


*Affidavit of Owner of Applicant*

STATE OF NEW YORK

COUNTY OF ONONDAGA

On the 5 day of MAY, in the year 2022, before me, the undersigned, personally appeared, WILLIAM B. EBERHARDT, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

  
CLAIRE OBOYLE DOWNEY  
Notary Public, State of New York  
No. 01086379395  
Qualified in Onondaga County  
Commission Expires August 13, 2022

## Sidewalk Café Application

### Gilda's

In reference to the proposed changes to the sidewalk café law, pertaining to B. Railings, Gilda's currently has a railing on the western side of the café area to protect the guests from falling into the firelane adjacent to the building. According to the property survey, we believe that the sidewalk café, is on private property and not sharing the public sidewalk, which is why we would like to be exempt from installing the eastern fence. An image of the café is included for reference. We ask that the Gilda's be grandfathered from this change, should it pass.

ROBERT J. RABOON ARCHITECTS, L.L.C.  
 15 Park Avenue South, Suite 1000  
 New York, NY 10003-3007  
 PH: 212-921-8800  
 FAX: 212-921-8807  
 RABOON ARCHITECTS, INC.

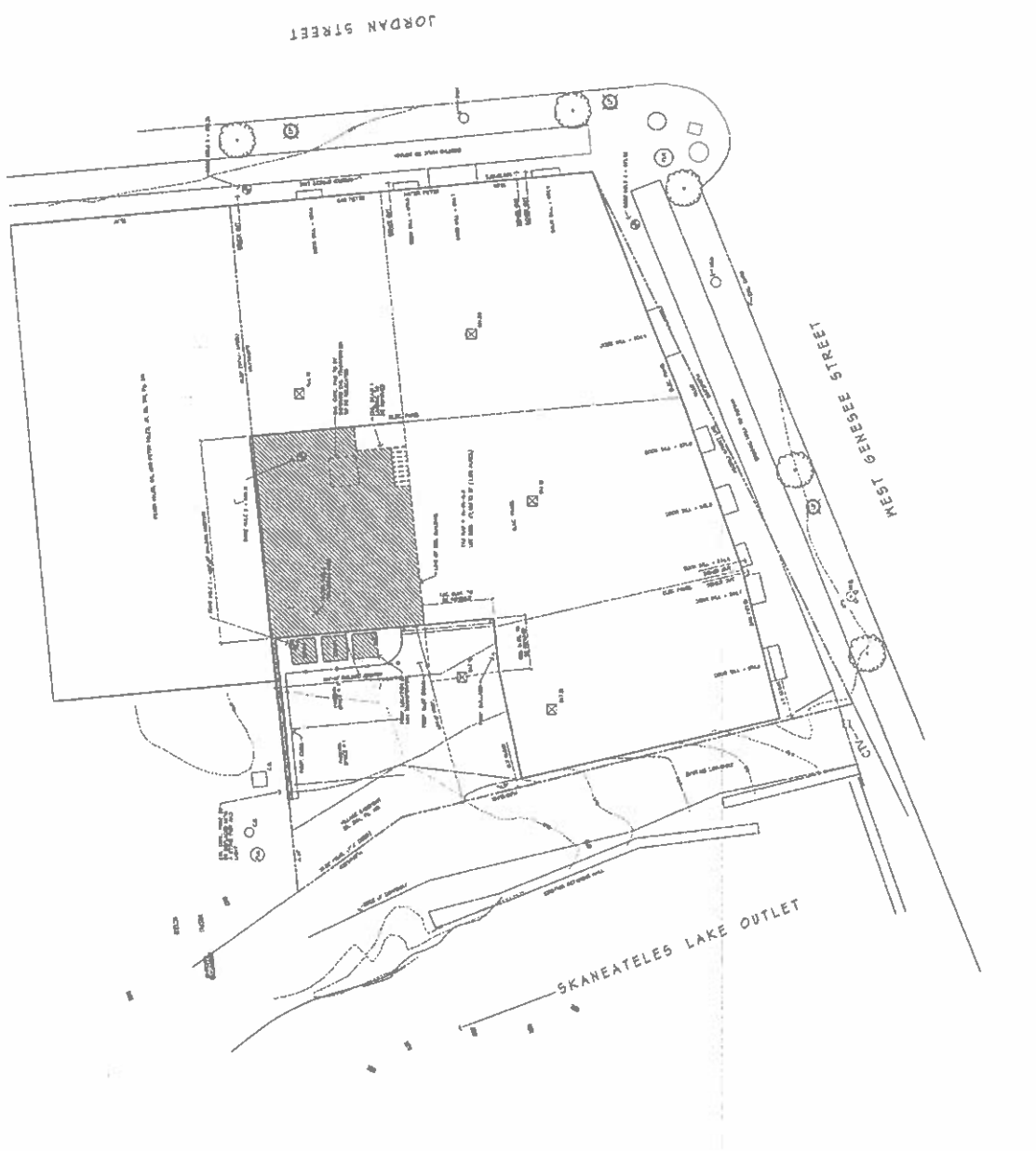
**PROPOSED RENOVATIONS**  
**FOR**  
**THE SEITZ BUILDING**  
**CORNER OF GENESEE & JORDAN STREET**  
**VILLAGE OF SKANEATELES, NEW YORK**

THE CONTRACTOR SHALL VERIFY THE EXISTING CONDITIONS AND SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED HEREON. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE UNIFORM CODES AND SPECIFICATIONS. A PROFESSIONAL ENGINEER SHALL BE REQUIRED TO VERIFY THE STRUCTURAL INTEGRITY OF THE EXISTING BUILDING AND TO PROVIDE THE NECESSARY STRENGTHENING AND REPAIRS.

REVISIONS

NO.	DESCRIPTION

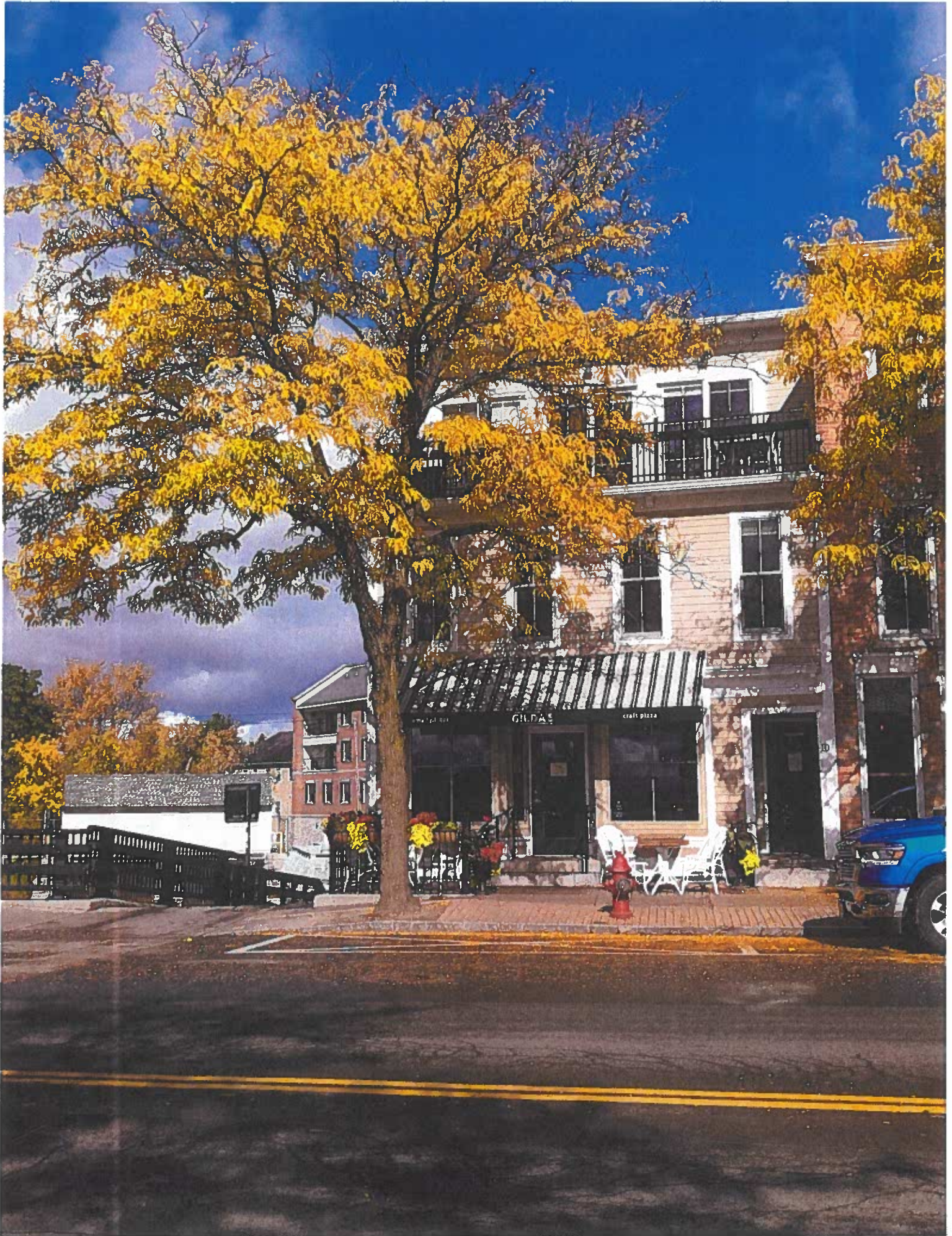
PROJECT # 0300  
 DATE: 10 SEPT 07  
 DWG. 5-1.2



THESE PLANS AND SPECIFICATIONS ARE THE PROPERTY OF ROBERT J. RABOON ARCHITECTS, L.L.C. AND SHALL REMAIN THE PROPERTY OF ROBERT J. RABOON ARCHITECTS, L.L.C. UNLESS OTHERWISE SPECIFIED. NO PART OF THESE PLANS OR SPECIFICATIONS SHALL BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF ROBERT J. RABOON ARCHITECTS, L.L.C.

SITE PLAN  
 SCALE: 1/8" = 1'-0"







# GILDA'S

small plates / craft pizza



RECEIVED

MAY 12 2022

VILLAGE OF SKANEATELES

# GILDA'S

small plates / craft pizza



---

West Genesee Street

Site Plan

RECEIVED

MAY 12 2022

VILLAGE OF SKANEATELE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/11/2024

**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).**

<b>PRODUCER</b> Delmonico Insurance Agency 11 Fennell Street Suite 2 Skaneateles NY 13152	<b>CONTACT</b> NAME: Jessica Devaul PHONE (A/C, No, Ext): 3155653261      FAX (A/C, No): 315-425-7010 E-MAIL ADDRESS: jdevaul@delmonicoinsurance.com														
<b>INSURED</b> 12 West Genesee St LLC DBA Gilda's PO Box 529 Skaneateles, NY 13152	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: MEMIC Indemnity Company</td> <td></td> </tr> <tr> <td>INSURER B: Selective Insurance Company of New York</td> <td style="text-align: center;">13730</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: MEMIC Indemnity Company		INSURER B: Selective Insurance Company of New York	13730	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER: 2109068455**      **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
B X	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	S 2580994	12/1/2023	12/1/2024	EACH OCCURRENCE: \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MEDICAL (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 2,000,000
B X	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRE D AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			S 2580994	12/1/2023	12/1/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B X	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			S 2580994	12/1/2023	12/1/2024	EACH OCCURRENCE: \$ 4,000,000 AGGREGATE: \$ 4,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICIAL/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	3102807160	5/21/2023	5/21/2024	<input checked="" type="checkbox"/> PER STATUTE      OTHER EACH ACCIDENT \$ 500,000 DISEASE - EMPLOYEE \$ 500,000 DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Per the terms and conditions of form number CG7300NY 06/22 Blanket Additional Insured and waiver of subrogation applies as required by written contract on a Primary and Noncontributory basis.  
 RE: Sidewalk Café Permit

<b>CERTIFICATE HOLDER</b>  Village of Skaneateles 26 Fennell Street Skaneateles NY 13152	<b>CANCELLATION</b>  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: 
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