

CK #46647
\$ 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 Sherwood Inn

Address of Applicant 26 W. Genesee St., PO Box 529, Skaneateles, NY 13152

Applicant's Email Kreuer@thesherwoodinn.com Contact # 3152174044

Name of Property Owner (if different from applicant) William Czerhardt

Property Owner Address 84 W. Elizabeth St. Skaneateles, NY 13152

Property Owner Email admin@thesherwoodinn.com Contact # 3152178111

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

Restaurant Other _____

Tax Map Number DD6. -06-22.0

Existing Use Restaurant/Hotel

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 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 3/14/24 Signature [Handwritten Signature]
Print Applicant's Name Kristin Bealer

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.

[Handwritten 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 006-06-22.

Applicant's Name SHERWOOD INN

Name of Property Owner (if different from applicant) _____

Address of Worksite 26 W. GEORGETOWN ST.

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

Additional Info. Requested _____

Date Review Completed 3/25/24. Signature 

Reasons for Denial – Does not comply with the following:

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 _____

SHERWOOD

INNS & APPETITES

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

Dear Mr. Cromp,

Please let this letter server 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 Eberhardt

Title President

Date 5/11/2022

Affidavit of Owner of Applicant

STATE OF NEW YORK

COUNTY OF ONONDAGA

On the 11 day of May, in the year 20 22, before me, the undersigned, personally appeared, William 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. 010B6379395
Qualified in Onondaga County
Commission Expires August 13, 2022

Sidewalk Café Application

Sherwood Inn

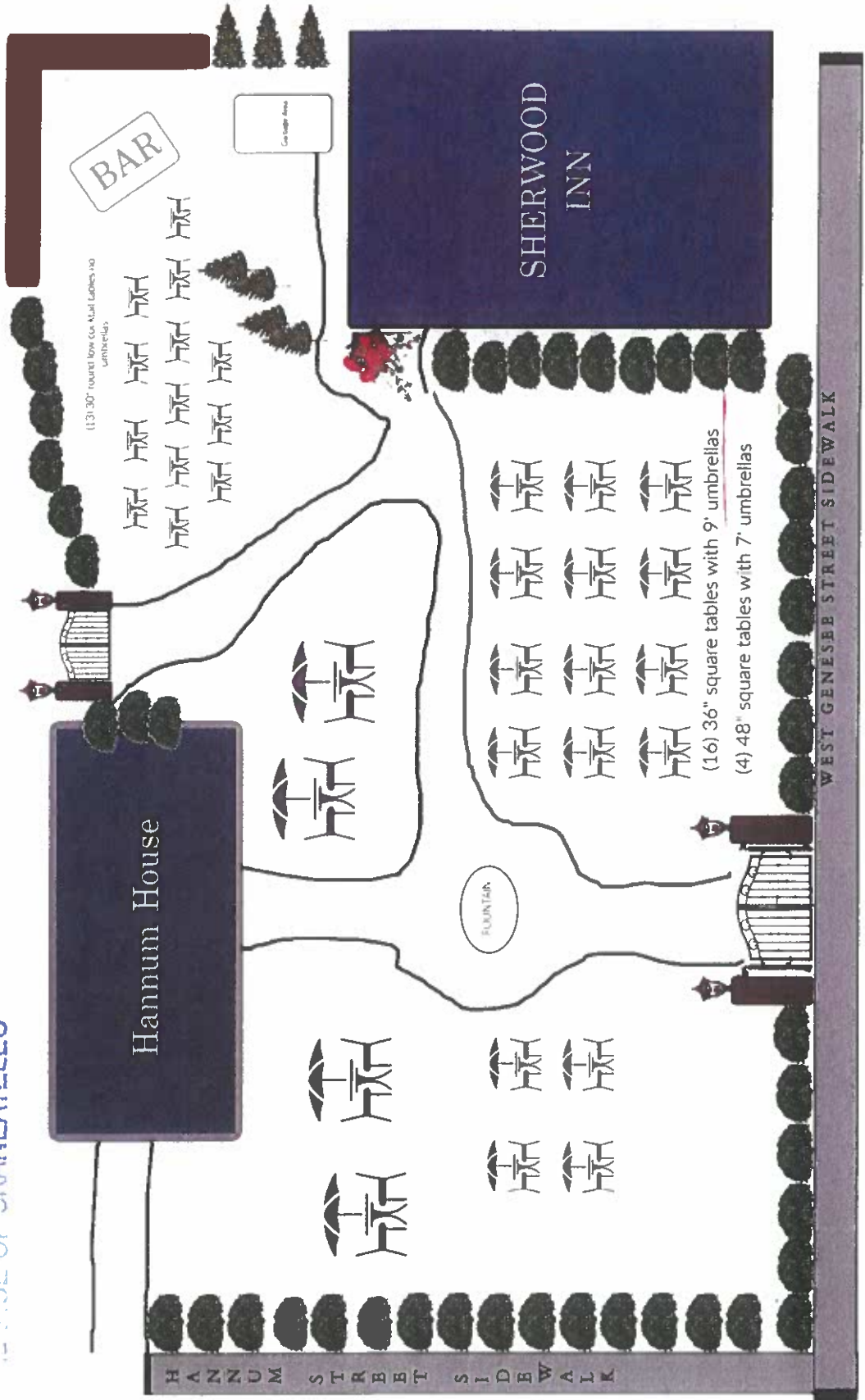
In reference to the proposed changes to the sidewalk café law, pertaining to B. Railings, the Sherwood Inn outdoor seating is currently on private property and has a box elder natural boundary to contain the outdoor seating area for the public. This was necessary for the property to obtain a NYS Liquor license. The outdoor café at the Sherwood Inn doesn't impede Village Sidewalk in any way. We ask that the Sherwood Inn be grandfathered from this change, should it pass.

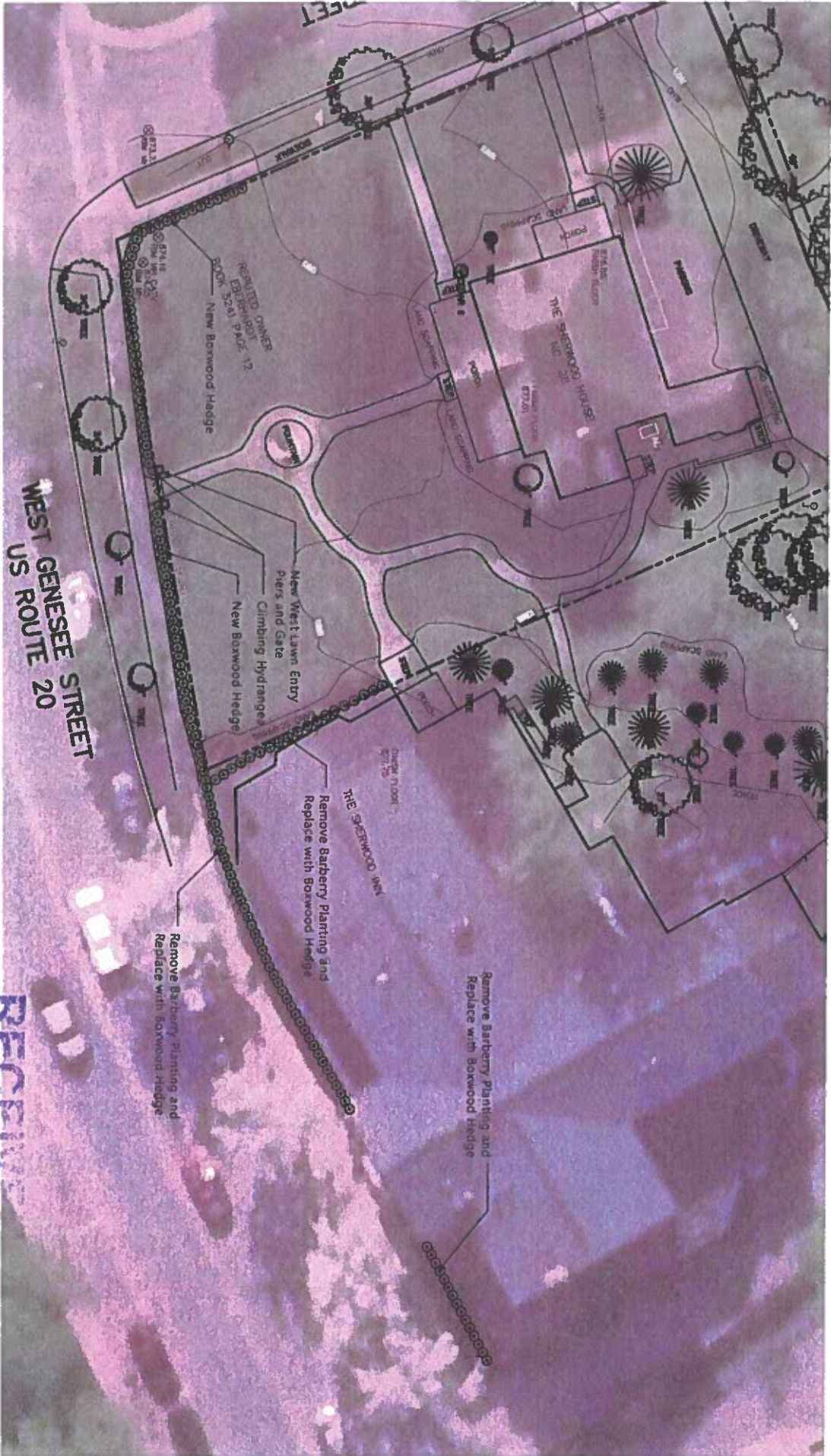
ARRIVED

FEB 03 2023

PLACEMENT OF SKANEATELES

Patisserie





WEST GENESSEE STREET
 WEST ROUTE 20

Hannum House West Lawn Program Improvements

Preliminary Planting Layout

32 West Genessee St. Spartanburg, SC 29304
 June 4, 2021

RECEIVED

FEB 23 2021





RECEIVED

FEB 23 2023

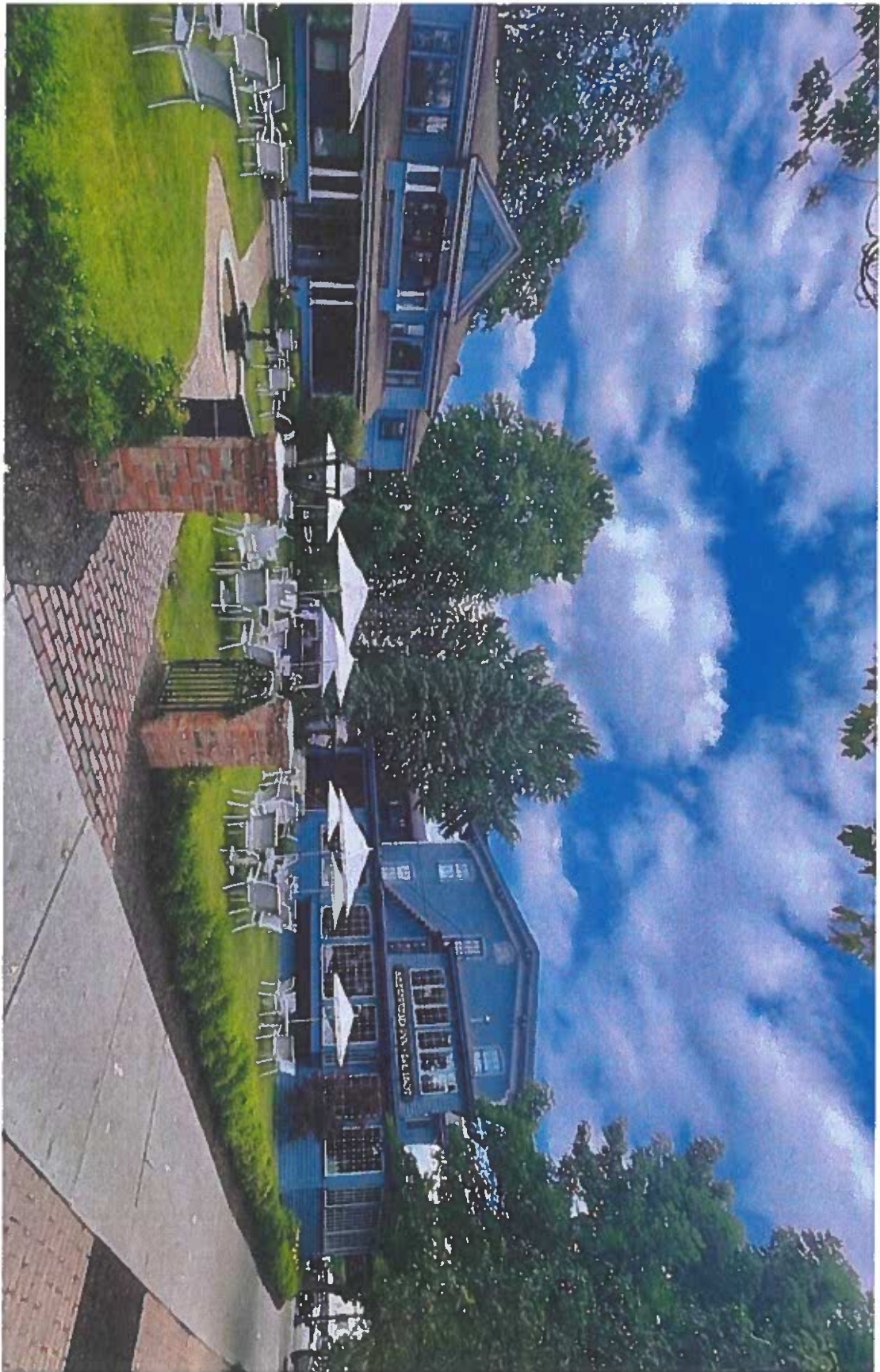
VILLAGE OF SKANEATELE



RECEIVED

FEB 28 1963

VILLAGE OF SKANEATELE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2023

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 Delmonico Insurance Agency 11 Fennell Street Suite 2 Skaneateles NY 13152	CONTACT NAME: Jessica Devaul PHONE (A/C, No, Ext): 3155653261 FAX (A/C, No): 315-425-7010 E-MAIL ADDRESS: jdevaul@delmonicoinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Twenty-Six West Genesee Street Corp dba Sherwood Inn 26 West Genesee St Skaneateles NY 13152	INSURER A: MEMIC Indemnity Company	NAIC # 13730
	INSURER B: Selective Insurance Company of New York	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1221933398 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> POLICY <input type="checkbox"/> PROVICI <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 MED EXP (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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y Y	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) \$ Hired Auto PD \$ \$50,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> DEED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y Y	S 2580994	12/1/2023	12/1/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	3102806807	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 1.1 EACH ACCIDENT \$ 1,000,000 1.1 DISEASE - PER EMPLOYEE \$ 1,000,000 1.1 DISEASE - POLICY LIMIT \$ 1,000,000

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, CA7809NY 04/23 Blanket Additional Insured and waiver of subrogation applies as required by written contract on a Primary and Noncontributory basis. Umbrella follows general liability forms

CERTIFICATE HOLDER Village of Skaneateles 26 Fennell Street Skaneateles NY 13152	CANCELLATION 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 