NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a Public Hearing will be held by the Board of Trustees of the Village of Piermont on the 20th day of April, 2021, at 6:30 p.m., at the Village Hall, 478 Piermont Avenue, Piermont, New York, to consider the following Special Permit request:

A request from Younes Berrada on behalf of Mazagan Restaurant, 506 Piermont Avenue, Piermont, NY 10968 for a Special Permit pursuant to Chapter 149 of the Code of the Village of Piermont to allow sidewalk and outdoor dining on its premises.

PLEASE TAKE FURTHER NOTICE, on March 7, 2020, in Executive Order No. 202.1, et. seq., Governor Cuomo suspended certain provisions of the Open Meeting Law to permit a Village Board to meet and take actions authorized by law without permitting in public in-person access and authorizing such meeting to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed. The Village will be activating a remote meeting platform for the Tuesday, April 20, 2021 Village Board meeting, which will enable residents to watch a livestream of the meeting on the "Village of Piermont" Zoom Webinar - in compliance with the Executive Order. The login information for the webinar will be posted on the "Village of Piermont" Facebook Page at 1:00 PM the day of the meeting, April 20, 2021.

A copy of the request for the Special Permit for Younes Berrada on behalf of Mazagan Restaurant may be reviewed at the office of the Clerk of the Village of Piermont, 478 Piermont Avenue, Piermont, New York, during regular business hours (or on the Village website).

All persons interested shall have an opportunity to be heard at the Public Hearing at the time and place aforesaid. Persons may appear in person or by agent.

PLEASE TAKE FURTHER NOTICE that the Village Board of the Village of Piermont intends to establish said Village Board of Trustees as Lead Agency for the purpose of review of the proposed action under the provisions of Article 8 of the Environmental Conservation Law. The address of the Piermont Village Board is 478 Piermont Avenue. The proposed Special Permit is a "Type II" action under the Environmental Conservation Law 617.5. The Piermont Village Clerk may provide additional information on the action, and may be reached by telephone at 845-359-1258.

Dated: Piermont, New York April 7, 2021 Jennifer De Yorgi Maher, Village Clerk 478 Piermont Avenue Piermont, New York 10968

PLANNING BOA ZONING BOARD VILLAGE BOAR) P	TERMONT	LLAGE OF ON THE				a di Cina
NAME: You	unes Berrad	la (Mazaga	n Restaur	ant)	DATE:	3/1	6/21
SECTION:	75.54	BLOCK_	2		_LOT	26	
ADDRESS:		506 Pierr	nont Avenue I	Piermon	t NY 10968		
PHONE: HOME _		CELL	646-639	8858	work_	845-5	80-3600
CURRENT ADDR				SAME			
DEAR MR. / MRS.	<u> </u>						
find noted below the	21 , has e reason for you	been denied. r denial.	I have enclose	ed a cop	ny of your apç		
As per the Code							
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Min Lot Area			·			· · · · · · · · · · · · · · · · · · ·	
VIII LOUWIGGG	•				· · · · · · · · · · · · · · · · · · ·	-,-	
Req Front Yard		DOES .	NOT	AP	PLY		
keq Side Yard		SPECIAL	PERMIT				
Req Rear Yard							
Max Bldg Ht							
Max Lot Coverage							
210-77A: Site plan d	evelopment App	proval required	by Planning	Board-		Y	N
210-77D: Minor Cor			, ,			Y	N
210-116A: Requires			n site plan)			Y	N
112-5, 112-6, 112-10). 112-11 Flood	Damage Preve	ntion (contact	Village	Engineer)	Y	N
185-9A Article II, Tr				6-	6/	Ÿ	N
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*The Clerk Secretary to Clerk Treasurer will ass	the Boards will ass sist you in the prepa	ist you in the prep tration necessary t	aration necessary o appear before t	to appear he village	before the planni board.	ng/zoning t	ooard(s). *The
Sincerely,	Arl	h					
Building Inspector	Village of Pier	mont			PLEASE KEE	P FOR YOU	JR RECORDS



March 11, 2021

To Whom This May Concern,

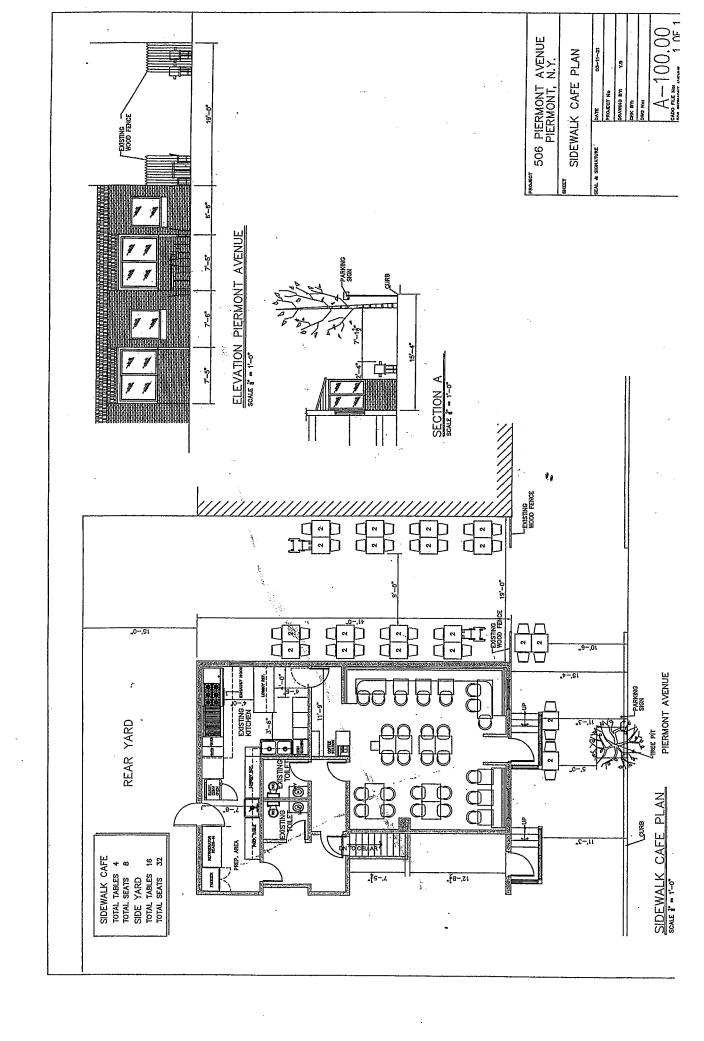
I am writing to you in regards to the new business and restaurant, Mazagan Cafe Corp, located at 506 Piermont Avenue, Piermont, NY that I have recently opened. I was informed to provide a proposed layout and plan for an outdoor seating arrangement in hopes to get permission. Due to Covid-19 and the limitation it has created for indoor dining, I have planned to set seating for Mazagan Restaurant partially on the sidewalk at Piermont Avenue and on the driveway of the Café property. To meet requirements, the seating will not compromise or obstruct the public sidewalk and will leave five feet of walking traffic space, as shown in the provided plan. With warmer weather approaching, outdoor dining and seating will be an attraction for the community all while taking the appropriate precautions for Covid-19 while the mandatory guidelines for public health and safety are in place. I hope these plans are acceptable given the circumstances we are all experiencing and it is open for adjustments if need be.

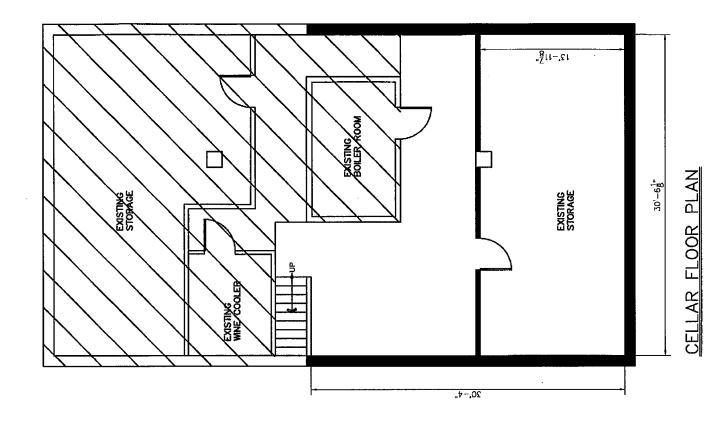
For any questions or concerns, you can contact me at my cell: (646) 639-8858.

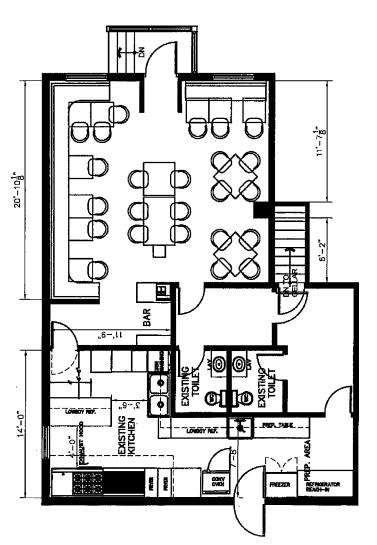
Thank you for your time,

Younes Berrada

Owner of Mazagan Cafe Corp







FIRST FLOOR PLAN

ROCKLAND COUNTY DEPARTMENT OF HEALTH APPLICATION FOR A PERMIT TO OPERATE

Section A: Facility Information

Facility Name:	Mazagan	Cafe Corp		_ Telephone #	(845) 580-3600
Facility Addres	s: 506 Pierm	A			
	Piermont	NY 10968		E-mail address	MazaganCafeNY@gmail.com
				– P	RIMARY OPERATION (Check one)
Mailing Addre	ss (if different from f	acility address):		<u> </u>	K Food Service Establishment
5	06 Piermont Avenue		_		Temporary Food Establishment
	Piermont, NY 10968			_	Mobile Food Establishment
			_		į
Anticipated O	pening Date:02	/22/2021			•
Will Operate:	X Year Round	Seasonal- Clo	osing Date		
	_				
	Days an	d Hours of Operation	:		
	Monda	ay to Sunday from	12PM to 11PM	Л	
Section B: Ow	ner/Operator Infor	nation			
Number of Seat	s/Pools/Campers/Mac	thines 40	Water	Supply	Sewage System
Fee \$	_ Exempt- 501(c)3	attached	Pub	lic (Municipal)	Public (Municipal)
			Priv	ate (Well)	Private (Septic)
Legal (Operator or Operating	Corporation		Mazagan Cafe Co	orp
Person		unes		Berrada	Owner
	First	j	M.I. Last		Title
Mailin	g Address	82 Alp	s Road		
City, S	tate, Zip				<u> </u>
	one # (646) 6		Cell #	(646) 639-8858	Fax #
E-mail	Address				
Empl	oyer Identification N	umber (EIN): 86-1			
				APPLICATION '	
			County Depar Environmenta	tment of Health al Health	Phone: (845) 364-2603 Fax: (845) 364-2567

Food & Recreation Program 50 Sanatorium Road-Building D Pomona, New York 10970

Page 1 of 2
COMPLETE REVERSE SIDE

Forms/DOH-3965a

ROCKLAND COUNTY DEPARTMENT OF HEALTH APPLICATION FOR A PERMIT TO OPERATE (PAGE 2)

Section C: Temporary Food Service Establishments

Name and location of event_			
Name of Food	Supplier of ingredients	Where and how foods w	ill be prepared and served
		1-1-1-1	
Section D: Mobile Food Se	rvice Establishments or Pushcarts	1	
Type of Vehicle: Motorized _	Pushcart Trailer	Other (specify)	
License plate no. (trailers and m	otorized vehicles)	State	
Commissary name			
Address			
	State		
	/ed:		
			
	age Vending Machines. List the lo		

Section F: Partners, Corpo	orate Officers, Directors, Board M	embers, etc., as applicable	
List all officials, their titles a	nd their contact information.		
Name	Title Home	Address	Telephone No.
			()
			()
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			·
	pensation and Disability Insurance		
	and attach copies of the documents to and Disability Insurance Coverage is		Compensation Law:
	cate of Workers' Compensation Insu		
	ate of Workers' Compensation Insura		
	of Workers' Compensation Self-Ins		
	of Participation in Workers' Compe	nsation Group Self-Insurance	
AND <u>Disability Insurance:</u>			
X DB-120.1- Certificate	of Disability Benefits OR		
	cate of Disability Benefits Self-Insur	ance	
OR			
	and Disability Insurance Coverage is		.1 1
workers Compensation	n Board Form CE-200 "Certificate o	Attestation of Exemption" is attac	inea.
Section H: Signature	·		
FALSE STATEMENTS M.	ADE ON THIS APPLICATION A		
	and sign this form will delay issuand		
	k State and Rockland County Sanita	ry Codes and is punishable by a pe	nalty of up to \$2,000.00 a
day.		_	
	س_ب	r R	
Signature of operator or author	orized official	Title	Owner
•	Variana Damad		03/04/2021
Printed name of person signif	118	Date	00.0 1/2021



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legai Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured						
Mazagan Cafe Corp	845-580-3600						
506 Piermont Avenue Piermont, NY 10968	NYS Unemployment Insurance Employer Registration Number of Insured						
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 86-1725602						
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Rockland County Department of Environmental Health 5 Sanatorium Road-Bidg. D Pomona, NY 10970	3a. Name of Insurance Carrier Hartford Insurance Company 3b. Policy Number of Entity Listed in Box "1a" 13WECAK4PYS 3c. Policy effective period 02/11/2021 to 02/11/2022 3d. The Proprietor, Partners or Executive Officers are Included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.						

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or after the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by:	The state of the s	3/09/21
-	(Signature)	(Dale)
Title:	President	

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured
Mazagan Cafe Corp 506 Piermont Avenue Piermont, NY 10968	845-580-3600 1c. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 86-1725602
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Rockland County Department of Environmental Health 5 Sanatorium Road-Bldg. D Pomona, NY 10970 This contifies that the insurance carrier Indicated shake in hear #2// income.	3a. Name of Insurance Carrier Hartford Insurance Company 3b. Policy Number of Entity Listed in Box "1a" 13WECAK4PYS 3c. Policy effective period 02/11/2021 to 02/11/2022 3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.

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Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by:	The state of the s	3/09/21
Approved by.	(Signature)	(Date)
Title:	President	

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are <u>NOT</u> authorized to issue it.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/09/21

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 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							CONTACT Rafael							
Cereijo & Associates, Inc							PHONE (A/C, No, Ext); 201-894-8299 (A/C, No): 201-894-8864							
62 Engle St							E-MAIL ADDRESS: cereljo@cereljoagency.com							
Englewood, NJ 07631						INSURER(S) AFFORDING COVERAGE NAIC #						NAIC#		
							INSURER A: Guard Insurance Company							
INSURED							INSURER B:							
Mazagan Cafe Corp.														
506 Piermont Avenue							INSURER C:							
Piermont, NY 10968														
							INSURER E:						···	
COVEDACES CERTIFICATE MUMBER.							INSURE	RF:		DELCOION NUMBER	Den.	l		
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								Rafael Cereijo Jr., CPCU						
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