

TOWN OF ARLINGTON

Joseph Connelly, Director of Recreation



Recreation Division

PARK COMMISSIONERS

Jen Rothenberg
Shirley Canniff
Leslie Mayer
Don Vitters

August 4, 2015

Board of Selectmen
Town Hall
Massachusetts Avenue
Arlington, MA 02476

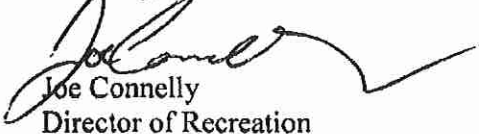
Dear Board of Selectmen,

Arlington Recreation and the Arlington Park Alliance would like to request the use of the Arlington Reservoir Beach for the 2nd Annual Moonlight Beach Party. The event is scheduled on Town Day Saturday, September 12, 2015. The purpose of the event is to raise funds and community awareness for our parks and open spaces.

Event coordinator and Park Commissioner Jen Rothenberg and I have been working with Officer Corey Rateau on the event details. The event safety plan and our application for a special one day liquor license are enclosed. The event was discussed with the Park Commission and approved.

Thank you for your consideration and support of this annual event.

Sincerely,


Joe Connelly
Director of Recreation

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Parks Alliance/Arlington Recreation

Address, phone & e-mail contact information: 422 Summer Street, Arlington, MA 02474

Name & address of Organization for which license is sought: _____

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

Name of Responsible Manager of Organization (if different from above): _____

Address, phone & e-mail contact information: 422 Summer Street, Arlington, MA 02474 - 781-316-3881, jconnelly@town.arlington.ma.us

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ yes ☐ If so, please give date(s) of Special Licenses and/or applications and title of event(s). Yes we were granted one last year on September 6, 2014 for the same event.

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

This is the 2nd Annual Event, we held the event on September 6th last year

24-Hour contact number for Responsible Manager on Event date: Joe Connelly, 603-244-9274

Title of Event: 2nd Annual Moonlight Beach Party

Date/time of Event: Saturday, September 12, 2015 from 7 pm - 11 pm

Location of Event: Arlington Reservoir Beach, Lowell Street

Location/Event Coordinator: Joe Connelly and Jen Rothenberg

Method(s) of invitation/publicity for Event: Invites, electronic outreach, social media

Number of people expected to attend: 200

Expected admission/ticket prices: \$65 for individual ticket and \$120 per Couple

Expected prices for food and beverages (alcoholic and non-alcoholic): \$5 for beer and wine, \$2 for soda and water

Will persons under age 21 be on premises? no

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

Have you consulted with the Department of Police Services about your security plan for the Event?
Yes, we have spoken with Officer Rateau

OFFICE USE ONLY

For Police Chief, Operations Commander, or designee:

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

Off. Corey P. Rateau Date 8/12/15
Off. Corey P. Rateau
Printed name/title

POLICE COMMENTS:

Request two safety officers as stated in security plan.

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.)

Beer and Wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? Appetizers and Catered BBQ from Blue Ribbon

Who will be responsible for serving alcoholic beverages at the Event? Premier Bar Services

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

There will be 2 servers both of whom will be over 21 and tips trained

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

Edward Garland - Tips #38942, Jim McMullen - Tips #3644869

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Burke or Horizon

Date of Delivery: 9/11/15

Alcohol Serving Time (s): 7pm, 9/12/15
10:30pm, 9/12/15

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Excess will be picked up and credited to the account on the following workday

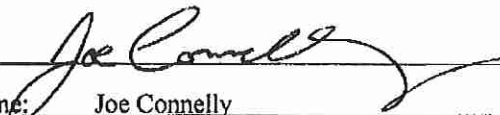
Date of Pick-Up: 9/14/2015

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.)

Premier insurance to be attached

Please submit this completed form and filing fee to the Board of Selectmen at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: 

Printed name: Joe Connelly

Printed title & Organization name: Director of Recreation, Town of Arlington

Email: jconnelly@town.arlington.ma.us

APA Beach Party at the Res 2015
Saturday, September 12, 2015
7-11pm
Arlington Reservoir Beach

Security Plan

The 2nd Annual Beach party at the Res to support the Arlington Parks Alliance will be held on Saturday, September 12, 2015 from 7-11pm at the Arlington Reservoir. The event will be catered by Blue Ribbon BBQ and 200 people are expected to attend. Two police officers will be hired to assist with event security. All attendees will be over the age of 21 and all attendees will be screened at the door. All event participants will have a bracelet as a way to identify anyone that may have entered without being screened. The perimeter fencing abutting Lowell Street will have a windscreen attached so that alcohol sale and consumption will be blocked from the public view.

Each officer will be available to assist in the event of any issues that may arise onsite at the event. At the beginning and end of the evening, one officer will be available to assist in the parking area. The other officer will be in the fenced beach area of the reservoir to prevent any issues. Each bartender is over age 21, has a TIPS certification and no person will be over served.

There will be a clear organizational structure in place to run the event. There will be one person designated to be solely responsible for the bar and monitoring the crowd for any issues. Any issues identified will be brought to the Director of Recreation and the Police Officer in charge.

All exits will be reviewed with the attendees by the disc jockey at the beginning of the event and then periodically throughout the evening. All exits will be entirely accessible in the event of a necessary evacuation.

TIPS
eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 1/22/2014 Expires: 1/22/2017
ID#: 3644869 D.O.B.: XXXXX/XXXX

James P McMillen
58 Fuller Rd
Wayland, MA 01778-4737

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2015

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 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 Roblin Insurance Agency, Inc. 144 Gould Street, Suite 100 Needham, MA 024942321 Roblin Insurance Agency, Inc		CONTACT NAME: Roblin Insurance Agency, Inc PHONE (A/C, No, Ext): 781-455-0700 FAX (A/C, No): 781-449-8976 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Travelers Insurance	
		INSURER B : U.S. Liability Ins. Co.	
		INSURER C : Torus Specialty Insurance Co.	
		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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			680-4B652113-15-42	03/11/2015	03/11/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CL1569703B	03/11/2015	03/11/2016	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			88915C142ALI	03/11/2015	03/11/2016	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	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 <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Issued as evidence of Insurance.

CERTIFICATE HOLDER

ISSUEDF

ISSUED AS EVIDENCE OF
INSURANCE

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



Issued: 12/1/2014
ID#: 38942

Expires: 12/1/2015
Trainer Year: 11

Edward R Garland, Jr.
28 Saunders St
North Weymouth, MA 02191-1014

Trainer Certification Card