

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Historical Society, 7 Jason St, Arlington, MA
02476

Address, phone & e-mail contact information: George Parsons, 23 Brewster Rd, Arlington, MA
02476 617 823 7259 ghp Parsons@msn.com

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

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

Name of Responsible Manager of Organization (if different from above): Stuart Brorson
Address, phone & e-mail contact information: , 7 Kensington Park, Arlington, MA 02476 781 648
2628 sdb@cloud9.net

Has the Applicant or Organization applied for and/or been granted a special liquor license this
calendar year? ☐ No ☐ If so, please give date(s) of Special Licenses and/or applications and
title of event(s).

N/A

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

This event has not previously been held

24-Hour contact number for Responsible Manager on Event date: George Parsons 617 823
7259

Title of Event: Arlington Historical Society Wine
Reception

Date/time of Event: Friday October 16, 2015 5:30-8:30 pm -

Location of Event: _____ Smith Museum adjacent to the Jason Russell House _____

Location/Event Coordinator: _____ George Parsons _____

Method(s) of invitation/publicity for Event: _____ Ticket sales/postcard/on line groups _____

Number of people expected to attend: _____ 200 _____

Expected admission/ticket prices: _____ \$25 registration required _____

Expected prices for food and beverages (alcoholic and non-alcoholic): _____ \$5 for wine, \$2 for waters/soda _____

Will persons under age 21 be on premises? _____ No _____

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

Have you consulted with the Department of Police Services about your security plan for the Event? _____ yes-the security plan has been sent to Corey Rateau along with this application _____

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 9/11/15
Off. Corey P. Rateau
Printed name/title

POLICE COMMENTS:

Request at least one police detail.

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.)

red and white
wines

What types of food and non-alcoholic beverages do you plan to serve at the Event? _____
_____fruits/cheeses/sweet
treats/waters/sodas _____

Who will be responsible for serving alcoholic beverages at the Event? _____
_____Premier Bartending/Ed Garland_. He will check ID's on younger appearing attendees
and will not serve underage people _____

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.

_____See attached Tips

Certificate _____

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.

_____Ed Garland

10/3/68 _____

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

_____Atlas Liquors, Inc., 156 Mystic Ave, Medford, MA

Date of Delivery: _____Afternoon of October 16, 2015_____

Alcohol Serving Time (s): _____5:30 pm- 8:30 pm_____

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?

_____George Parsons will take back to Atlas Liquors any excess alcohol on the date of the
event immediately after the
event _____

Date of Pick-Up: _____October 16, 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.) _____See 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: _____
George H Parsons _____

Printed title & Organization name: __Trustee, Arlington Historical
Society _____

Email: ghparsons@msn.com _____



Arlington Historical Society
7 Jason St, Arlington, Ma. 02476

8 September 2015

SECURITY PLAN FOR ARLINTON HISTORICAL SOCIETY WINE RECEPTION

The Arlington Historical Society WINE RECEPTION is a fundraising event sponsored by the Arlington Historical Society. An organizing committee of twelve members of the organization is responsible for the event. George Parsons who is a Trustee and former member of the Board of Directors of that organization is the chair of the planning committee.

The event is scheduled for Friday night, October 16th, 2015, 5:30 pm to 8:30 pm, at the Smith Museum at 7 Jason St next to the Jason Russell House.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Tickets will be sold on line at Eventbrite for the event. We anticipate approximately 200 people to attend. Guests will come and go during the duration of the party - it is not anticipated that everyone will be at the event at the same time. Only legal age adults will be allowed to attend.

As other people arrive at the bar they will be asked for an ID to verify their age by the bartenders if there is any question as to their age.

George Parsons will be the event coordinator for the event. Gregory Stathopoulos will be the custodian for the event. A committee of volunteers from the Arlington Historical Society will also be staffing the party. All these people will be responsible for ensuring that the event runs smoothly. Patsy Kraemer and Alan Jones are members of the Committee and have agreed to lend their experience in crowd control to the event.

A police detail will be hired for the event (if required). This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available on Jason St and on the side streets, as well as on Mass. Ave.

Please advise if there are other items that we need to consider.



GORDO-5

OP ID: JL

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
INSURED Premier Bartending & Beverage Service, Inc. PO Box 310 Waltham, MA 02451	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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			680-4B652113-15-42	03/11/2015	03/11/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
B	<input checked="" type="checkbox"/> Liquor Liability			CL1569703B	03/11/2015	03/11/2016	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ 9,000,000
	<input type="checkbox"/> CLAIMS-MADE			88915C142ALI	03/11/2015	03/11/2016	AGGREGATE \$ 9,000,000
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					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

CANCELLATION

ISSUEDF ISSUED AS EVIDENCE OF INSURANCE	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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Edward R Garland, Jr.

28 Saunders St

North Weymouth, MA 02191-1014

Trainer Certification Card