

OFFICE OF THE BOARD OF SELECTMEN 9 08 AM '15



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Health and Human Services Charitable Corp.

Address, phone & e-mail contact information: 670R Massachusetts Avenue, Arlington, MA 02476
cleger@town.arlington.ma.us; 781-316-3259

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

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

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

Address, phone & e-mail contact information: Same as above

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). _____

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

Yes, the Gala was held at the Arlington Town Hall last year on October 24th

24-Hour contact number for Responsible Manager on Event date: 617-851-8068

Title of Event: 5th Annual Out on the Town Gala in support of the Arlington Youth Counseling Center

Date/time of Event: Friday, October 23rd, 2015; 7:00-10:00pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer; Event Site Coordinator

Method(s) of invitation/publicity for Event: Invitations; Traditional and Social Media; Posters/Flyers

Number of people expected to attend: 250-300

Expected admission/ticket prices: \$50 in advance; \$60 at the door

Expected prices for food and beverages (alcoholic and non-alcoholic): Food included in ticket prices; \$5 for beer and wine ; \$1 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, have consulted 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 9/16/15
Off. Corey P. Rateau
Printed name/title

POLICE COMMENTS:

Request two safety details

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 only

What types of food and non-alcoholic beverages do you plan to serve at the Event? _____

Stationary and passed hors d'oeuvres, desserts, soda, water, coffee and tea

Who will be responsible for serving alcoholic beverages at the Event? _____

Premier Bartending and Beverage Service

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 two servers, both of whom are 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.

Jennifer Carter-Battaglino 11/25/1969

Molly Bettercourt 5/11/88

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

Date of Delivery: 10/23/2015

Alcohol Serving Time (s): 7:00-10:00pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Atlas Liquors will pick up any excess alcoholic beverages by Monday, October 26th.

Date of Pick-Up: The latest- Monday October 26th.

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.)

**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: Colleen P. Leger

Printed name: Colleen P. Leger

Printed title & Organization name: Executive Director of Arlington Youth Counseling Center

Email: cleger@town.arlington.ma.us

AYCC *Out on the Town Gala* 2015

Friday, October 23, 2015

7-10pm

Arlington Town Hall

Security Plan

The fifth annual *Out on the Town Gala* to support the Arlington Youth Counseling Center will be held on Friday, October 23, 2015 from 7-10pm at the Arlington Town Hall. The event will be catered by Whole Foods Arlington and over 250 people are expected to attend. As in the past four years, 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 name badge as a way to identify anyone that may have entered without being screened.

Each officer will be available to assist with any issues that may arise onsite at the event. At the beginning and end of the evening, one officer will be available to assist residents with crossing Mass Ave. The other officer will be in the Town Hall floating to prevent any issues. Each bartender is over the age of 21, and is TIPS certified. No person will be over served.

This is the fifth year hosting this event. As in past years, there will be a clear organizational structure in place to run the event. There will be one designated person solely responsible for the bar and monitoring the crowd for any issues. Any issues identified will be brought to a previously designated staff person from the Arlington Youth Counseling Center and the Police Officer in charge. There will also be 2 Fire Fighters hired for site safety as crowd monitors. All exits will be clearly lit and will be entirely accessible in the event of a necessary evacuation.



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:	

INSURED Premier Bartending & Beverage Service, Inc.
PO Box 310
Waltham, MA 02451

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
B	<input checked="" type="checkbox"/> Liquor Liability GENL 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	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
	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> CLAIMS-MADE			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)

The Town of Arlington is additional insured with regard to liability of the named insured.

CERTIFICATE HOLDER

CANCELLATION

TOWNAR1 Town of Arlington Town Hall 730 Massachusetts Ave. Arlington, MA 02476	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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IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

tips eTIPS On Premise 2.0 SSN: XXX-XX-XXXX

Issued: 8/6/2013 Expires: 8/6/2016
ID#: 3541707 D.O.B.: XX/XX/XXXX

Molly Bettencourt
1611 Williams St
Dighton, MA 02715-1020

For service visit us online at www.gettips.com

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TIPS® eTIPS On Premise 2.0
Issued: 6/25/2014
ID#: 3757062
SSN: XXX-XX-XXXX
Expires: 6/25/2017
D.O.B.: XX/XX/XXXX

Jennifer Carter-Battaglino
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Boston, MA 02215-0009

For service visit us online at www.gettips.com