

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant: David Swanson

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Address, phone & e-mail contact information: 781-643-4209; [david@swansonjewelers.com](mailto:david@swansonjewelers.com)

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Name & address of Organization for which license is sought: Arlington Chamber of Commerce; 611 Mass Ave. Arlington, MA 02474

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

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

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Address, phone & e-mail contact information: 611 Mass Ave; Arlington, MA 02474; 781-6434600; [info@arlcc.org](mailto:info@arlcc.org)

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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).

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Is this event an annual or regular event? If so, when was the last time this event was held and at what location? Yes, October 22, 2013 at Town Hall

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24-Hour contact number for Responsible Manager on Event date: 781-643-4600

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Title of Event: Taste of Arlington

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Date/time of Event: October 20, 2015; 6:00pm – 8:30pm

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Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kreamer

Method(s) of invitation/publicity for Event: email & direct mailing

Number of people expected to attend: 200

Expected admission/ticket prices: \$40 in advance; \$50 at the door

Expected prices for food and beverages (alcoholic and non-alcoholic): wine \$6; beer \$4

Will persons under age 21 be on premises? Possibly

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

Have you consulted with the Department of Police Services about your security plan for the Event?

**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.

*Det. Corey P. Roteau* Date *9/25/15*  
*Det. Corey P. Roteau*  
Printed name/title

**POLICE COMMENTS:**

*Request one police detail. Wrist bands to be used as listed in application*

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? Assorted taste size portions provided by each restaurant; water, soda, coffee

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

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.

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.

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

Date of Delivery: 10-20-15

Alcohol Serving Time (s): 6:00-8:15pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of? Atlas will pick-up unopened containers. Event Committee members will bring home any opened containers in the trunks of their cars.

Date of Pick-Up: 10-21-15

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:

*David Swanson*

Printed name: David Swanson

Printed title & Organization name: Board member, Arlington Chamber of Commerce

Email: [david@swansonjewelers.com](mailto:david@swansonjewelers.com)



**ROBBINS MEMORIAL TOWN HALL AUDITORIUM**  
**730 Massachusetts Avenue, Arlington, Ma. 02476**

September 24, 2015

**SECURITY PLAN FOR TASTE OF ARLINGTON EVENT – revised 9/24/15**

A fundraiser Taste of Arlington to benefit the Arlington Chamber of Commerce will be held on Tuesday, October 20, 2015, in the auditorium at Arlington Town Hall. The event is scheduled for 6:00 pm to 8:30 pm.

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

This is the Security Plan.

Tickets will be sold for the event. We anticipate approximately 150 people to attend. We anticipate all attendees will be adults. There may be some young people under 21 helping at the event with various odd jobs. Therefore all attendees will be asked to show an ID if they appear to be under 30. In addition, the TIPS certified bartending staff, will be responsible for ensuring that anyone purchasing a drink is over the age of 21.

Patsy Kraemer will be the event coordinator for the event. Premier Bartending will provide bartending service. Greg Stathopoulos will be the custodian for the event. A committee of volunteers from the Arlington Chamber of Commerce will be staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

A police detail will be hired for the event and a fire services detail will be hired for the event. These officers will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

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



# CERTIFICATE OF LIABILITY INSURANCE

GORDO-5

OP ID: JL

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).

<b>PRODUCER</b> Roblin Insurance Agency, Inc. 144 Gould Street, Suite 100 Needham, MA 024942321 Roblin Insurance Agency, Inc		<b>CONTACT NAME:</b> Roblin Insurance Agency, Inc <b>PHONE (A/C, No, Ext):</b> 781-455-0700 <b>FAX (A/C, No):</b> 781-449-8976 <b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Premier Bartending & Beverage Service, Inc. PO Box 310 Waltham, MA 02451		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Travelers Insurance		36161
		<b>INSURER B:</b> U.S. Liability Ins. Co.		
		<b>INSURER C:</b> Torus Specialty Insurance Co.		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
<b>INSURER F:</b>				

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

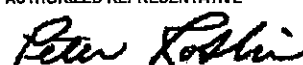
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD 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 CL1569703B	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:					
	<input type="checkbox"/> 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 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
	<input 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 <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 respect to liability of the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

<b>ROBBINS</b>  Robbins Library 700 Mass. 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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**ips**

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

**Trainer Certification Card**