

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Lauren Ledger-Arlington EATS

Address, phone & e-mail contact information: 168 Franklin Street Arlington, MA 02474,
617-365-4877, lauren.ledger@gmail.com

Name & address of Organization for which license is sought: Arlington EATS
670 R Massachusetts Ave.

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

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

Address, phone & e-mail contact information: 15 Cleveland Street Arlington, MA 02474
617-549-2599, jodi@somethingsavory.com

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?
No

24-Hour contact number for Responsible Manager on Event date: Jodi Auerbach-617-549-2599

Title of Event: beats for EATS Fundraiser

Date/time of Event: March 5, 2016 7:30pm-11:00PM

Location of Event: Town Hall Auditorium

Location/Event Coordinator: Patsy Kraemer

Method(s) of invitation/publicity for Event: flyers, social media, email, word of mouth

Number of people expected to attend: 250

Expected admission/ticket prices: \$25 per person

Expected prices for food and beverages (alcoholic and non-alcoholic): \$8 for glass of wine
\$5 per beer

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

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. Roteau Date 2-1-16
Off. Corey P. Roteau
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.)
Beer and Wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? Stationery appetizers, passed appetizers, desserts, water, sparkling water, soda

Who will be responsible for serving alcoholic beverages at the Event? Premier Bartending and Beverage Service Staff

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.
T.I.P.S Certification

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

Anthony Pericolosi 7/1/70

Rebecca Powers 4/26/87

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Horizon Beverage Company, Inc.
45 Commerce Way Norton, MA 02766

Date of Delivery: Friday, March 4, 2016

Alcohol Serving Time (s): 7:30pm-10:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Committee members of Arlington EATS will remove excess alcoholic
beverages in the trunk of cars on March 5.

Date of Pick-Up: Monday, March 7, 2016

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.) General Liability Insurance from Beaujolais Catering

Liquor Liability Insurance from Premier Bartending and Beverage Service

**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: Lauren Ledger

Printed name: Lauren Ledger

Printed title & Organization name: Co-Founder Arlington EATS

Email: lauren.ledger@gmail.com



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

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Insurance

36161

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 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		880-4B662113-15-42 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:					
	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 N/A				PER STATUTE OTH-ER 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

Arlington EATS
670 R Massachusetts Ave.
Arlington, MA 02476

January 31, 2016

SECURITY PLAN FOR beats for EATS Fundraiser

Beats for EATS is a fundraising event sponsored by the Arlington EATS. An organizing committee with ten members is responsible for the event.

The event is scheduled for Saturday, March 5, 2016, 7:30 pm to 11:00 pm, at the Arlington Town Hall.

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

This is the Security Plan.

Advance tickets will be sold for the event at \$25 each. We anticipate approximately 200 - 250 people to attend. There will be stationery and passed appetizers, desserts, cash bar, live music, and a silent auction.

Premier Bartending and Beverage Service will provide the bartending staff. The bartending staff is T.I.P.S certified. All rules regarding alcohol beverage service will be followed as understood from T.I.P.S Certification training by the bartenders. Bar service will end at 10:30pm.

Patsy Kraemer, Event Coordinator, will be on site to monitor the use of the Town Hall Auditorium. Members of the Arlington EATS Committee and volunteers will be staffing the party. Greg Stathopoulos will be the custodian for the event. Beaujolais Catering will provide the appetizers. All will be responsible for ensuring that the event runs smoothly.

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. A fire detail will also be hired for the event.

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



On Premise

Issued:

6/1/2015

ID#:

3998732

SSN:

XXX-XX-XXXX

Expires:

5/19/2018

D.O.B.:

XXXXXX

REBECCA A POWERS
280 Redemption Rock Trl
Sterling, MA 01564-2502

For service visit us online at www.gettips.com
Martin D'Apolito, 16823