

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: **Artie Aaron**

Address, phone & e-mail contact information: **68 Gray Street Arlington, MA 02476 781-572-2765; artie@aaroneng.com**

Name & address of Organization for which license is sought: **Bar Mitzvah Celebration for Ben Aaron**

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: _____

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; One time event**

24-Hour contact number for Responsible Manager on Event date: **Artie Aaron 781-572-2765**

Title of Event: **Aaron Bar Mitzvah**

Date/time of Event: **May 7, 2016/ 4:30pm-10:00pm**

Location of Event: **Whittemore Robbins House**

Location/Event Coordinator: **Victoria Rose**

Method(s) of invitation/publicity for Event: **Invitation in Mail**

Number of people expected to attend: **70**

Expected admission/ticket prices: _____ N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): _____ N/A

Will persons under age 21 be on premises? **Yes 35 – 2-13 year olds.**

If “yes,” please detail plan to prevent access of minors to alcoholic beverages. **Tips Certified
Bartender will monitor the bar and follow the rules of certification.**

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 **4/7/16**
Off. Corey P. Roteau _____
Printed name/title

POLICE COMMENTS:

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? **Sparkling water, Soda, Mushroom Caps, Sauteed Chicken, Spinach, Feta and Walnut stuffed Mushroom Caps, Hummous and Olive Stuffed Cucumber Cups, Tenderloin and Cod Roasted Potatoes, Grilled Asparagus and Mix Green Salad; Chicken Fingers and Caesar Salad, Ice Cream Sundae Bar,**

Who will be responsible for serving alcoholic beverages at the Event? **Via Lago Caterer and Bartender Jose H. Aguirre**

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.

TiPS 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.

Jose H Aguirre DOB 5/6/1980

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 Avenue Medford, MA 02155***

Date of Delivery: ***May 7, 2016***

Alcohol Serving Time (s): ***5:30pm-9:30pm***

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

Opened bottles will be taken by client and Atlas Liquors will pick up unused beverages.

Date of Pick-Up: ***May 9, 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.) ***Liability form and TiPs Certification 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: ***Artie Aaron***

Printed name: Artie Aaron

Printed title & Organization name: Bar Mitzvah Celebration for Ben

Email: ***artie@aaroneng.com***

Arthur Aaron
68 Gray Street
Arlington, MA 02476
artie@aaron.eng.com

April 6, 2016

SECURITY PLAN for Bar Mitzvah at the Whittemore Robbins House on May 7, 2016

This event is a Bar Mitzvah.

The event is scheduled for Saturday, May 7, 2016, 4:30 pm to 10:00 pm at the Whittemore Robbins House.

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

This is the Security Plan.

We anticipate approximately 35 adults and 35 children between the ages of 2 years to 13 years to attend. There will be a ceremony followed by appetizers, dinner and an ice cream station for dessert and beverage service for beer, wine, water and soda.

Via Lago Catering will provide the bartending staff. The bartender 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 bartender. Bar service will begin at 5:30 and end at 9:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Artie Aaron will be the responsible manager for this event. Via Lago's manager, staff and bartender will handle food and beverage service. All will be responsible for ensuring that the event runs smoothly.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2015

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 Phone: (978) 263-3500 Fax: (978) 263-1438

ALLANT INSURANCE AGENCY, INC.

39 GREAT ROAD / P O BOX 975

CTON MA 01720

CONTACT NAME: Gallant Insurance Agency, Inc.

PHONE (A/C, No, Ext): (978) 263-3500

FAX (A/C, No): (978) 263-1438

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Ohio Security Insurance Company

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

SURED

VIA LAGO INC.

C/O ALAN JICK

1845 MASSACHUSETTS AVENUE

LEXINGTON MA 02420-4807

OVERAGES

CERTIFICATE NUMBER: 47090

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 EXCLUSIONS 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.

TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>		BKS55774970	10/01/15	10/01/16	EACH OCCURRENCE \$ 1,000,000
<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED. EXP (Any one person) \$ 15,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
OTHER:						
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"/> HIRED AUTOS						PROPERTY DAMAGE (per accident) \$
<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
<input type="checkbox"/> 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) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
						E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE-POLICY LIMIT \$
Liquor Liability			BKS55774970	10/01/15	10/01/16	each occurrence \$2,000,000

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

Whittemore-Robbins House is an additional insured to the above general liability policy as respects the duties and operations of the insured.

CERTIFICATE HOLDER

CANCELLATION

The Whittemore-Robbins House
670 Rear Massachusetts Ave.
Arlington MA 02475

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

Ray Gallant, President

Attention:

ACORD 25 (2014/01)

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Expires: 3/26/2017

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