

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Catholic High School
Address, phone & e-mail contact information: 16 Medford St Arlington
781 648 0316 esimmons@tachs.net
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):
Lee-Ann Pepicelli-Murray
Address, phone & e-mail contact information: 781 646 5101, Same

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? Annual, Every March

24-Hour contact number for Responsible Manager on Event date: 617 605 9727

Title of Event: Quiz Night

Date/time of Event: March 18, 2017 6pm - 11pm

Location of Event: Arlington Catholic High School

Location/Event Coordinator: Erin Simmons

Method(s) of invitation/publicity for Event: Invite to Community Members

Number of people expected to attend: 150

Expected admission/ticket prices: \$35

Expected prices for food and beverages (alcoholic and non-alcoholic): \$4 mixed drinks
\$3 beer/wine \$1 soda/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?

please attached

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 2/2/17
Off. Corey P. Roteau
Printed name/title

POLICE COMMENTS:

Request at least one detail officer.

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/wine / mixed drinks

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

soda, water, various foods

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

1 Certified Bartender

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.

Joe Simmons - Certification attached

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.

Joe Simmons 9/9/70

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

Date of Delivery: 3/17/17
Alcohol Serving Time (s): 6 PM - 11 PM

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
To be distributed among committee members. Expected to be minimal

Date of Pick-Up: _____

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 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: ES

Printed name: Erin Simmons

Printed title & Organization name: Development Coordinator ACHS

Email: esimmons@achs.net

Print

Main Menu

Do not click Back-Space to leave this window

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on January 30, 2017
provided by Health Communications, Inc.
is hereby granted to:

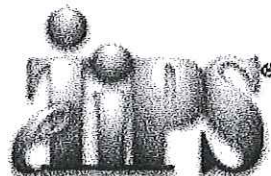
Joseph Simmons

Certification to be sent to:

**Arlington Catholic
16 Medford St
Arlington MA, 02474-3121 USA**



HEALTH COMMUNICATIONS INC.



This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.

Quiz Night Security Plan

Arlington Catholic's Quiz Night will have approximately 150 attendees. It is a fundraising event for the school. This is our 21st year holding this event. We will have a bar available as well as food.

Prevention of Sale of Alcohol to Minors:

First and foremost, no one is allowed to attend the event unless they are 21 and over. Additionally, AC has a certified bartender who will check IDs for everyone, Joseph Simmons (his certification information is enclosed). There will also be additional volunteers available to serve soda and non-alcoholic beverages.

Traffic and Parking:

We do not anticipate any traffic issues as the school daily has over 800 people in the building and there will be fewer people in attendance that evening. Attendees are being told to park in the Municipal Lot behind the school, to find street parking, or the RR Lot. We will also remind attendees to park in the metered section only, not the permit parking only section.

General Crowd Control:

Arlington Catholic will hire two Arlington Police Detail Officers for the event to assist if any issues arise. We will also have numerous school administrators present.

Evacuation Plan:

The school evacuation plan that was developed to evacuate students during the day will be put into use if any emergencies occur. The emergency plan is posted in all areas of the school with explicit instructions of what to do in an emergency. Again, school administrators and staff will be available to assist and direct if anything were to occur.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2017

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 have ADDITIONAL INSURED provisions or 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 Roman Catholic Archdiocese of Boston 66 Brooks Drive Braintree, MA 02184		CONTACT NAME: PHONE (A/C, No, Ext): 617-746-5742 FAX (A/C, No): 617-779-4572 E-MAIL ADDRESS: ormadmin@rcab.org		
INSURED Location 080-003 Arlington Catholic High School 16 Medford Street Arlington MA 02471		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: National Catholic Risk Retention Group		10083-001
		INSURER B:		
		INSURER C:		
		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			RCAB \$250,000.00 RRG 10358-19 \$750,000.00	07/01/16	07/01/17	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> Host Liquor Liability						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	OTHER:						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						
	<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)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Evidence of General Liability including Host Liquor Liability for School fundraisers
March 18, 2017. Town of Arlington is an additional insured where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington, Massachusetts 730 Massachusetts Avenue 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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