

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Lauren Ledger/Vicki Rose/Arlington EATS Committee

Address, phone & e-mail contact information:

187 Everett Street, Arlington, 617-365-4877 (Lauren), 617-312-7699 (Vicki)
Lauren.ledger@gmail.com/ vrose@arlington.k12.ma.us

Name & address of Organization for which license is sought:

same as above

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

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

Lauren Ledger/Vicki Rose

Address, phone & e-mail contact information:

see above

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ NO ☒ X 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?

the same fundraiser was held in March, 2016

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

Lauren - 617-365-4877/ Vicki - 617-312-7699

Title of Event:

Beats for Eats Fundraiser

Date/time of Event:

Saturday, March 11, 2017, 7:30 - 11:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer

Method(s) of invitation/publicity for Event:

Invitation /social media

Number of people expected to attend: 240

Expected admission/ticket prices: \$35 ahead/\$40 at door

Expected prices for food and beverages (alcoholic and non-alcoholic):

\$5 for beer/wine & \$2 for sodas/waters

Will persons under age 21 be on premises? yes - coat check helpers

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

Bartenders will check for ID's

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 2-10-17

Off. Corey P. Roteau
Printed name/title

POLICE COMMENTS:

Request at least one police detail
Responsible manager(s) cannot consume
alcohol at event.

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

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

savory and sweet tapas// waters/sodas

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

Something Savory Caterers

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.

Robyn Goodner - 8/16/88

Sheila Reynolds 5/14/66

Martin S. Norman 4/5/68

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: 3/11/2017

Alcohol Serving Time (s):

7:30 - 10:30

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

Atlas Liquors will pick up left-over alcohol.

Date of Pick-Up:

Monday, 3/13/2017

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.)

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: _____

Printed name: Lauren Ledger

Printed title & Organization name: Arlington Eats Committee

Email: Lauren.ledger@gmail.com

revised: 5/18/2015 reformatted: 2/25/2016



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

10 February 2017

SECURITY PLAN FOR ARLINGTON BEATS FOR EATS FUNDRAISER

The Arlington Eats Committee is sponsoring a fundraising event to be held on Saturday, March 11, 2017, 7:30 pm – 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 evening event at \$35 each. We anticipate approximately 240 people to attend.

The Fundraiser event will be for adults only except for three coat check ticket takers.

Patsy Kraemer will be the event coordinator for the event. Something Savory Catering will provide food for the event will also provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 8 volunteers from the Arlington Eats Committee is the planning group and will assist in staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. A police detail will be required.

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

DATE (MM/DD/YYYY)

2/8/2017

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 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 T. Edmund Garrity & Co., Inc. 545 Concord Avenue, Suite 16 Cambridge MA 02138 | | CONTACT NAME: Cristina Medeiros PHONE (A/C, No, Ext): (617) 354-4640 FAX (A/C, No): (617) 354-5828 E-MAIL ADDRESS: cristina@garrity-insurance.com | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------|---|--|-------------------------------|--|--------|-----------|---------------------------|-------|-----------|-------------------------|--|-----------|--|--|-----------|--|--|-----------|--|--|-----------|--|--|
| INSURED Jodi Auerbach, DBA: Something Savory 1337 Massachusetts Ave #237 Arlington MA 02476 | | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A</td><td>Travelers Indemnity Co CT</td><td>25682</td></tr><tr><td>INSURER B</td><td>AIM Mutual Insurance Co</td><td></td></tr><tr><td>INSURER C</td><td></td><td></td></tr><tr><td>INSURER D</td><td></td><td></td></tr><tr><td>INSURER E</td><td></td><td></td></tr><tr><td>INSURER F</td><td></td><td></td></tr></tbody></table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A | Travelers Indemnity Co CT | 25682 | INSURER B | AIM Mutual Insurance Co | | INSURER C | | | INSURER D | | | INSURER E | | | INSURER F | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
| INSURER A | Travelers Indemnity Co CT | 25682 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B | AIM Mutual Insurance Co | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F | | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER** Master COI 2016**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 | | | 6607B769370 | 4/20/2016 | 4/20/2017 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | 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"/> SCHEDULED AUTOS | | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OCCUR | | | | | | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | |
| | DED | | | | | | 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 \$ |
| B | Liquor Liability | | | 00061130LL | 12/16/16 | 12/16/17 | Per Occurance 1,000,000 Aggregate 2,000,000 |

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

Town of Arlington is listed as additional insured for general liability and liquor liability if so required by written contract as it relates to named insured's operations.

CERTIFICATE HOLDER

Town of Arlington
Arlington Town Hall

CANCELLATION

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

W Garrity/SUPPII

© 1988-2014 ACORD CORPORATION. All rights reserved.



eTIPS On Premise 2.0 SSN:

XXX-XX-XXXX

Issued:

3/3/2016

Expires:

3/3/2019

ID#:

4196694

D.O.B.:

XXXXXXXXXX

Martin S Norman
Something Savory LLC
1337 Massachusetts Ave
Arlington, MA 02476-4101

For service visit us online at www.gettips.com

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on February 6, 2017
provided by Health Communications, Inc.
is hereby granted to:

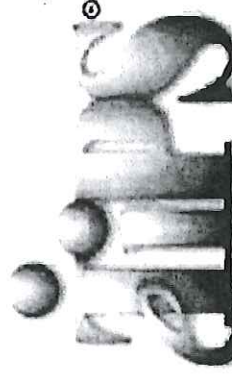
Robyn Goodner

Certification to be sent to:

**65 Colby St
Medford MA, 02155-6008 USA**



HEALTH COMMUNICATIONS, INC.



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

<https://w3.certegrity.com/cp3.nsf/RetrDocument?OpenAgent&DML=>



is card is only valid for use online - and cannot be used as proof of
rtification except from within Certification Manager



eTIPS On Premise 3.0

CERTIFIED

Issued: 01/21/2017

Expires: 01/21/2020

ID#: 4438835

Sheila Reynolds

237 Grove St

Waltham, MA 02453-6548 USA