

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: **SUE SHEFFLER**

Address, phone & e-mail contact information: **26 Kensington Park, Arlington, MA; 617-959-4119; ssheffler@aol.com**

Name & address of Organization for which license is sought: _____

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

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

Address, phone & e-mail contact information:

207 Broadway, Arlington, MA 02474; 781-646-5408; michelle@beaujolaiscatering.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? **One-Time Event**

24-Hour contact number for Responsible Manager of Alcohol Event date: **781-646-5408**

Title of Event: ***Japanese Sister City Dinner***

Date/time of Event: ***April 28, 2019/ 6pm-9pm***

Location of Event: ***Whittemore Robbins House***

Location/Event Coordinator: ***Victoria Rose***

Method(s) of invitation/publicity for Event: ***mail***

Number of people expected to attend: ***34***

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? *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.

Date _____

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?
See Attached Menu

Who will be responsible for serving alcoholic beverages at the Event?
Aldo G De Oliveira

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.
The Bartender has completed eTIPS on Premise 3.0

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.
Aldo G De Oliveira- Date of Birth is 5/27/68

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) *Kappy's in Everett, MA*

Date of Delivery: *Saturday, April 27, 2019*
Alcohol Serving Time (s): *6:00pm-8:30pm*

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Unopened bottles will be picked up by Kappy's service; Opened, unused will be put in the trunk of designated person by the responsible manager.

Date of Pick-Up: *Monday, April 29, 2019*

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 and Liquor Liability Insurance, TIPS Certificate are included*

**Please submit this completed form and filing fee to the Select Board
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: *Sue Sheffler*

Printed name: Sue Sheffler

Printed title & Organization name: Japanese Sister City Dinner

Email: *ssheffler@aol.com*

Sue Sheffler
26 Kensington Park
ssheffler@aol.com
617-959-4119

April 9, 2019

SECURITY PLAN for Japanese Sister City Dinner at the Whittemore Robbins House

The event is scheduled for Sunday, April 28, 2019 from 6:00pm-9:00pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event.

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

This is the Security Plan.

We anticipate approximately 32 guests with no guests under the age of 21.

The menu will include passed Hors D'oeuvres: Brie and Pear Phyllo Cups, Pecan Crusted Bites with Honey Dijon Sauce, Pork and Leek Dumplings with Spicy Soy Dip. Main Course: Mesclun Salad, Spiced Pecans, Grilled Salmon, Argentinean Steak, Baked Vegetable Wellington, Grilled Asparagus, Wild and Long Grain Rice Pilaf. Dessert: Chocolate Cake with Chocolate Ganache
Iggy's Rolls, Butter, Coffee, Decaf and Tea with sugar, cream and sweet & low.

Beaujolais Catering will provide the food and beverage service. The bartender is TiPs certified. All rules regarding alcohol beverage service will be followed as understood from TiPs Certification training by the bartenders. Bar service will begin at 6:00pm and end at 8:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Michelle Noska from Beaujolais Catering will be the Responsible Manager. Aldo G De Oliveira will serve the alcohol. All will be responsible for ensuring that the event runs smoothly.

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

Japanese Sister City Dinner

Sunday, April 28, 2019

Whittemore Robbins House

32 Guests 6p

Passed Hors D'oeuvres 6-6:45pm

Brie and Pear Phyllo Cups

Pecan Crusted Chicken Bites with Honey Dijon Sauce

Pork and Leek Dumplings with Spicy Soy Dip

Plated Meal

Mesclun Salad with Cranberries,

Spiced Pecans and Maple Balsamic Vinaigrette

Grilled Salmon with Smoked Tomato Vinaigrette

Argentinean Steak with Chimmichurri

Baked Vegetable Wellington with Smoked Gouda

Grilled Asparagus with Red Peppers

Wild and Long Grain Rice Pilaf with Dried Apricots

~
Chocolate Cake with Chocolate Ganache

Iggy's Rolls, Butter, Coffee, Decaf and Tea with sugar, cream and sweet & low.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2019

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 Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148		CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No): E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford Insurance Group	
		INSURER B: Safety Insurance Co	
		INSURER C: Twin City Fire Ins Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1921928590

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			08SBAAA8353	4/9/2019	4/9/2020	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000
			MED EXP (Any one person)				\$ 5,000
			PERSONAL & ADV INJURY				\$ 1,000,000
			GENERAL AGGREGATE				\$ 2,000,000
			PRODUCTS - COMP/OP AGG				\$ 2,000,000
			Liquor Liability				\$ 1,000,000
B	AUTOMOBILE LIABILITY			6227097	1/21/2019	1/21/2020	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS					\$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
			BODILY INJURY (Per accident)				\$
			PROPERTY DAMAGE (Per accident)				\$
			Medical payments				\$ 5,000
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						\$
	DED						AGGREGATE
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							\$
C	LIQUOR LIABILITY			08SBAAA8353	4/9/2019	4/9/2020	E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$
							EACH OCCURRENCE
							\$1,000,000
							AGGREGATE
							\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town of Arlington as additional Insured

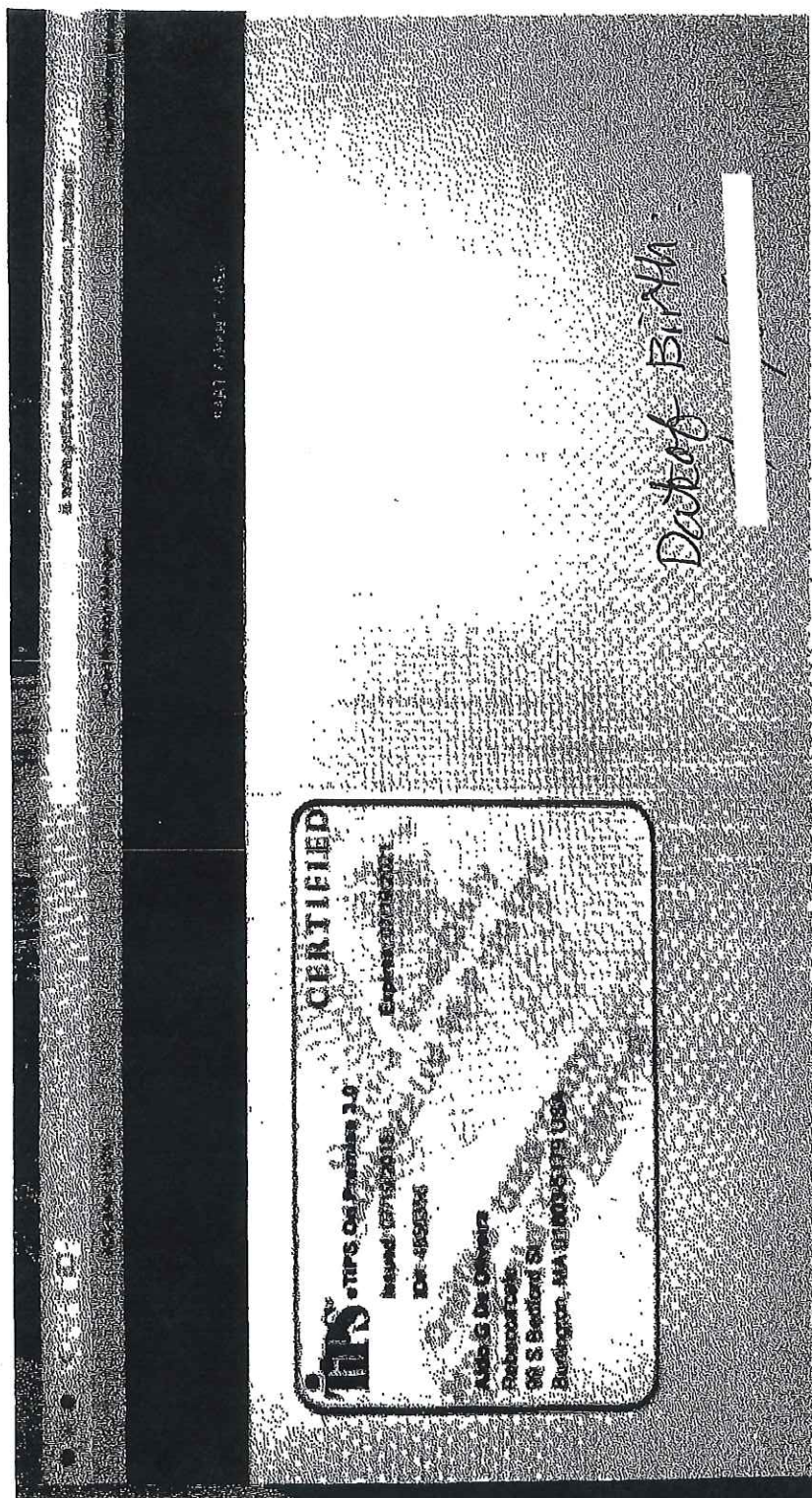
CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington
730 Mass Ave
Arlington, MA 02474

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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CERTIFIED

inPS • **inPS One Premier 2.0**
Issued: 07/15/2015
ID#: 4553336

Expert Signature

John G. De Oliveira
Rebecca Cook
30 S Bedford St
Bedford, MA 01730-5173 USA

Dated: BIRTH