

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Linda Shoemaker Arlington Center for the Arts

Address, phone & e-mail contact information:

20 Academy St., Arlington, 781-648-6220 Linda@acarts.org.

Name & address of Organization for which license is sought:

Arlington Center for the Arts, 20 Academy St.

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

Name of Responsible Manager of Organization (if different from above Address, phone & e-mail contact information:

Michelle MacKenzie, Superior Servers, 68 Aberdeen Rd., Quincy, Ma. 02171

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ Yes ☐ If so, please give date(s) of Special Licenses and/or applications and title of event(s).

Gala Fundraiser 2/4/2019

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 on Event date:

617-480-0373

Title of Event:

ACA Jugband Festival

Date/time of Event:

Saturday, May 4, 2019

Location of Event: Arlington Masonic Hall, 19 Academy St., Arlington, Ma.

Location/Event Coordinator: Patsy Kraemer/Brian Rose

Method(s) of invitation/publicity for Event:

Invitation/Social Media

Number of people expected to attend: 140

Expected admission/ticket prices: \$20 in advance, \$25 at door per person

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

\$8 for beer and wine \$2 for non-alcoholic sodas and waters

Will persons under age 21 be on premises? yes

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.

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/wine

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

Barbecue dinners and sweets/ waters/sodas

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

Superior Servers bartending 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.

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.

attached

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

Kappy's Liquors, Everett

Date of Delivery: Saturday, May 4, 2019

Alcohol Serving Time (s) 6:30 pm - 10:00 pm

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

Kappy's will pick up excess alcohol.

Date of Pick-Up:

Monday, May 6, 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.)

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: Linda Shoemaker

Printed title & Organization name: Arlington Center for the Arts

Email: linda@acarts.org

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



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

10 April 2019

Arlington Center for the Arts - Jugband Festival

The Arlington Center for the Arts is sponsoring a Jugband Festival to be held on Saturday, May 4, 2019, at the Arlington Masonic Hall, 19 Academy Street, Arlington, Ma. 02476. The event is scheduled for 6:30 pm to 10:30 pm (when alcohol will be served).

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

This is the Security Plan.

Tickets will be sold for the event. We anticipate approximately 140 people to attend. Guests will come both to musical workshops and to a concert. There will be a mix of adults and school-age students at the event.

Patsy Kraemer or Brian Rose will be the event coordinator for the event. A committee of volunteers from the Arlington Center for the Arts will also be staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

A fire detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Masonic Hall parking lot, the parking lot at the Senior Center, and on the side streets.

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

CERTIFIED

tips eTIPS On Premise 3.0

Expires: 11/4/2019

Issued: 11/4/2016

ID#: 4392225

Michelle MacKenzie

68 Aberdeen Rd

Quincy, MA 02171-1323

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/09/2019

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 Veracity Insurance Solutions, LLC. 260 South 2500 West, Suite 303 Pleasant Grove UT 84062 | | CONTACT NAME: FLIP Program Support PHONE (A/C, No, Ext): (844)-520-6992 E-MAIL ADDRESS: Info@flipprogram.com FAX (A/C, No): |
| INSURED Michelle Mackenzie, DBA Superior Servers 68 aberdeen road Quincy MA 02171 | | INSURER(S) AFFORDING COVERAGE INSURER A: Certain underwriters at Lloyds 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.

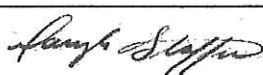
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|--------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | PL2260060-F053845X | 10/05/2018 | 10/05/2019 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input checked="" type="checkbox"/> | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | PRODUCTS - COM/OP AGG \$ 2,000,000 |
| | ANY AUTO | | | | | ANIMAL BAILEE \$ |
| | ALL OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | HIRED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB | | | | | |
| | EXCESS LIAB | | | | | EACH OCCURRENCE \$ |
| | DED | | | | | AGGREGATE \$ |
| | RETENTION \$ | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory In NH) | Y/N | | | | WC STATUTORY LIMITS \$ |
| | DESCRIPTION OF OPERATIONS below | N/A | | | | OTH-ER \$ |
| A | LIQUOR LIABILITY | | BINDER NUMBER: LLB-53845 | 10/05/2018 | 10/05/2019 | E.L. EACH ACCIDENT \$ |
| | <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | <input checked="" type="checkbox"/> | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Owner of Premises (FLL2021)

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| Arlington Masonic Hall 19 Academy Street 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  |
|---|--|

ADDITIONAL INSURED - OWNER OF PREMISES

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE FORM

ADDITIONAL INSUREDS - OWNER OF PREMISES

SECTION II - Who is an Insured; Item 2., is amended to add the following:

Any individual(s), partnership(s), limited liability company(s), joint venture(s) or other organization(s) that owns the premises at/on which a Named Insured sells, serves or furnishes alcoholic beverages in the course of their business.

Coverage under this endorsement shall apply only to the liability of an **Additional Insured - Owner of Premises** that arises out of the selling, serving or furnishing of alcoholic beverages by a Named Insured in the course of their business. There shall be no coverage under this endorsement for liability arising directly or indirectly from the selling, serving or furnishing of alcoholic beverages by an **Additional Insured - Owner of Premises** or any person or organization acting for or on behalf of an **Additional Insured - Owner of Premises**.

Coverage under this endorsement does not apply to:

(1) "Bodily injury":

- a. To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co- "employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business; or
- b. To the spouse, child, parent, brother or sister of that co-"employee" as a consequence of (1) a. above; or
- c. For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in (1) a. or b., above; or

(2) "Property damage" to property owned, occupied by, or rented or loaned to an owner of such premises.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.