

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Daniel Rassi

Address, phone & e-mail contact information: 14 Tyler Street, Somerville, MA 02143
917-648-1584, dan@aeronaut.net

Name & address of Organization for which license is sought: TBD Brewing LLC d/b/a
Aeronaut Brewing Company, 14 Tyler Street, Somerville, MA 02143

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

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

Address, phone & e-mail contact information: Same as above

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?

This will be our second summer season. Last event was summer of 2018 at Whittemore Park.

24-Hour contact number for Responsible Manager of Alcohol Event date: 917-648-1584

Title of Event: Aeronaut Arlington

Date/time of Event: Saturdays in June-Sept. 2019 from 12pm-7pm (Rain dates on Sundays), exclude 9/14

Location of Event: Whittemore Park, 611 Massachusetts Avenue, Arlington, MA 02474

Location/Event Coordinator: Daniel Rassi, Ronn Friedlander, Michael Yim

Method(s) of invitation/publicity for Event: Facebook, Twitter, News features

Number of people expected to attend: 250 person capacity

Expected admission/ticket prices: Free

Expected prices for food and beverages (alcoholic and non-alcoholic): Alcoholic beverages: \$7-8. Non-alcoholic beverages: \$1-4. Food vendor items will range from \$5-12.

Will persons under age 21 be on premises? Yes, only with a parent or guardian.

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

Adults 21+ will receive wristbands after ID check. Only guests with wristbands will be served. We will have 1-2 roaming security personnel at all times, ensuring that people without wristbands are not drinking alcohol. Entry points will be staffed by security team members at all times.

Have you consulted with the Department of Police Services about your security plan for the Event?
Yes, we have shared our security plans with the Arlington Police Department.
We will also work with the APD to schedule a single police detail for each event date.

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 4-18-19
Off. Corey P. Roteau
Printed name/title
Same as above

POLICE COMMENTS:

Acceptable as long as Aeronaut adheres to their security plan listed in their RFP including police detail plans.

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 cider

What types of food and non-alcoholic beverages do you plan to serve at the Event? Rotating food vendors serving various cuisines (e.g. falafel, burgers, noodles). Non-alcoholic drinks include water and soft drinks.

Who will be responsible for serving alcoholic beverages at the Event? TIPS-trained Aeronaut employees only.

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.

Ronn Friedlander, 7/25/1984

Daniel Rassi, 9/18/1986

Michael Yim, 6/27/1986

Eleftherios Theodosiou, 1/17/1989

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Aeronaut Brewing Co., under its
Farmer Brewer License.

Date of Delivery: All event dates

Alcohol Serving Time (s): 12:00pm-7:00pm


How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
All excess alcohol will be returned to Aeronaut Brewing Co. at the end
of each event by Aeronaut Brewing Co. staff.

Date of Pick-Up: All event dates

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.) See attached certificate of insurance

**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: 

Printed name: Daniel Rassi

Printed title & Organization name: Owner, TBD Brewing LLC d/b/a Aeronaut Brewing Co.

Email: dan@aeronaut.net



eTIPS On Premise 3.0

CERTIFIED

Issued: 5/27/2018

Expires: 5/27/2021

ID#: 4811138

Daniel Rassi

Aeronaut Brewing Co.

Somerville

14 Tyler St

Somerville, MA 02143-3224

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2019

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 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 Fred C. Church Insurance 41 Wellman Street Lowell MA 01851		CONTACT NAME: Susan Merriam PHONE (A/C, No, Ext): 800-225-1865 E-MAIL: smerriam@fredchurch.com FAX (A/C, No): 978-454-1865	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Insurance Company	
		INSURER B: Hartford Fire Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1270406741 **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1890572	10/8/2018	10/8/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1890569	10/8/2018	10/8/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 20,000 BODILY INJURY (Per accident) \$ 40,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE			PHUB650088	10/8/2018	10/8/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		08WECCP9011	3/15/2019	3/15/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			PHPK1890572	10/8/2018	10/8/2019	Each Claim \$1,000,000 General 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 an additional insured if required by written contract for the Aeronaut Arlington 2019 event to be held all Saturdays from June 1-September 30, 2019 (Rain dates on Sundays). Location: Whittemore Park 611 Massachusetts Avenue, Arlington, MA 02474

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington
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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