

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Mihir Parikh _____

Address, phone & e-mail contact information:

46 Ware Street, Somerville, Ma. 02144, 978-621-6338 mparikh912@gmail.com

Name & address of Organization for which license is sought:

Gourmet India 75 Middlesex Turnpike Burlington, Ma. 01803 Vishal Sood, General Manager

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

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

Address, phone & e-mail contact information:

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:

781-270-0202

Title of Event:

Wedding Pre Party

Date/time of Event:

Friday, June 7, 2019 7:00 pm - 10:00 pm

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend:

200

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?

yes

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

Bartender will check ID's

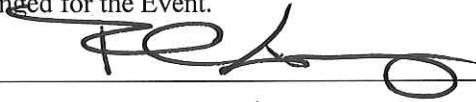
Have you consulted with the Department of Police Services about your security plan for the Event?

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.


CAPTAIN CONROY

Date 05-15-19

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?

full dinner/appetizers/dessert, sodas/waters

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

Gourmet India bartenders

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 On Line, Everett, Ma.

Date of Delivery:

Fri. June 7, 2019

Alcohol Serving Time (s):

7:00 PM - 9:30 PM

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

Kappy's will pick up

Date of Pick-Up:

Sat. June 8, 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 Mihir Parikh

Printed title & Organization name: _____

Email: mparikh912@gmail.com



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

14 May 2019

SECURITY PLAN FOR PARIKH PRE-WEDDING PARTY

A traditional Indian pre-wedding party is being held at the Arlington Town Hall. The party is under the auspices of the Mihir Parikh family. The event is scheduled for Friday, June 7, 2019, 7:00 pm - 10:00 pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 200 guests to attend. We anticipate some attendees will be under age.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Gourmet India of Burlington Ma. will be the caterer for the event and will provide bartending services.

The Parikh family is responsible to ensure that the event runs smoothly.

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

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.



GOURM-9

OP ID: CH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/10/2019

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 Hub International NE LLC Formerly Dadgar Insurance 400 W Cummings Park Ste 6725 Woburn, MA 01801		781-933-2626		CONTACT NAME:		PHONE (A/C, No, Ext): 781-933-2626		FAX (A/C, No): 781-932-6341	
INSURED Gourmet India Nandi Foods, Inc. dba 12437 Main Campus Drive Lexington, MA 02421				INSURER(S) AFFORDING COVERAGE				NAIC #	
				INSURER A: Guard Insurance Group				31470	
				INSURER B: Arbella Protection				41360	
				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
B	<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:	Y		8500063946	03/23/2019	03/23/2020	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 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			4600063947	03/23/2019	03/23/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NAWC047652	03/23/2019	03/23/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Catering at Arlington Town Hall on June 7th, 2019.

CERTIFICATE HOLDER

CANCELLATION

TOARL73		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
ADDITIONAL INSURED: Town of Arlington Town Hall 730 Massachusetts Avenue Arlington, MA 02476		AUTHORIZED REPRESENTATIVE 	



eTIPS On Premise 3.0

CERTIFIED

Issued: 12/31/2018

Expires: 12/31/2021

ID#: 4981066

**Darryl C Brosley
236 Flaggler Dr
Marshfield, MA 02050-2840**

For service visit us online at www.gettips.com



eTIPS On Premise 3.0

CERTIFIED

Issued: 3/23/2018

Expires: 3/23/2021

ID#: 4757961

Raissa Xavier
59 Grant St Apt 1
Somerville, MA 02145-1909

For service visit us online at www.gettips.com



PARTY-1

OP ID: SG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2019

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.

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PRODUCER NorthStar Ins. Services, Inc. 300 First Ave, Suite 100 Needham, MA 02494		781-431-2500	CONTACT NAME: PHONE (A/C, No, Ext): 781-431-2500 FAX (A/C, No): 781-431-6134 E-MAIL ADDRESS:	
INSURED PartyServers, Inc. 566 Commonwealth Ave Ste L-100 Boston, MA 02215		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Hospitality Mutual Ins. Co.		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person)	\$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>						EACH OCCURRENCE	\$
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
	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) <input type="checkbox"/> Y/N <input type="checkbox"/>		N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability	Y		00087840LL	07/24/2018	07/24/2019	Occurrence	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 included as an Additional Insured under Liquor Liability as required by written contract with regard to the Parikh Function - Pre-Wedding Celebration on Saturday June 8th, 2019.

CERTIFICATE HOLDER

ARLING-

Town of Arlington
Town Hall Building
730 Mass Ave
Arlington, MA 02476

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