

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Sarah Delude and Brad Edmondson

Address, phone & e-mail contact information:

1486 Commonwealth Ave. #17, Brighton, Ma. 413-478-6005 sadelude@gmail.com

Name & address of Organization for which license is sought:

Hostess Catering, 2-K Gill St., Woburn, Ma

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

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

Donna German

Address, phone & e-mail contact information:

2-K Gill Street, Woburn, Ma. 978-206-1799 info@hostesscatering.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 on Event date:

Donna German , 978-206-1799

Title of Event:

wedding ceremony & reception

Date/time of Event:

Saturday, September 22, 2018, 5:00 pm - 10:30 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 165

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.

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 8-27-18

Off. Corey P. Roteau

Printed name/title

POLICE COMMENTS:

Request one police detail

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 menu waters/sodas

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

Hostess Catering

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

Date of Delivery: Sat., 9/22/2018

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

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

Kappy's will take back what is not used.

Date of Pick-Up:

Mon. 9/24/2018

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: _____ Sarah DeLude/Brad Edmondson _____

Printed title & Organization name: _____

Email: _____

revised: 5/18/2015 reformatted: 02252018



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

23 August 2018

SECURITY PLAN FOR DELUDE/EDMONDSON WEDDING

A wedding for Sarah Delude and Brad Edmondson will be held on Saturday, September 22, 2018, at Arlington Town Hall. The event is scheduled for 5:00 pm to 10:30 pm.

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

This is the Security Plan.

We anticipate approximately 165 people to attend.

Patsy Kraemer will be the event coordinator for the event. Hostess Caterers will provide both bar service and catering for the event. Greg Stathopoulos will be the custodian for the event. The Delude and Edmondson families will be responsible to ensure that the event runs smoothly.

A police detail will be hired for the event (if required) and a fire services detail will be hired for the event. These officers will be available to help with any emergency situations that may arise.

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)
09/03/2018

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 G.B. NICKERSON INSURANCE AGENCY INC. 321 BOSTON POST ROAD MILL BROOK II SUDBURY, MA 01776		CONTACT NAME: GLENDON B. NICKERSON JR. PHONE (A/C, No, Ext): 978-443-3332 E-MAIL ADDRESS: GLEN@GBNICKERSON.COM FAX (A/C, No): 978-443-7527	
INSURED PENGUIN CATERERS LLC 49 CRESCENT AVE #1 REVERE, MA 02151		INSURER(S) AFFORDING COVERAGE INSURER A: HOSPITALITY MUTUAL INSURANCE INSURER B: AIM MUTUAL INSURANCE COMPANY 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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			000804401GL	08/09/2018	08/09/2019	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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 Y	N/A	AWC40070311182018A	08/09/2018	08/09/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY INCLUDING ASSAULT & BATTERY			000804410LL	08/09/2018	08/09/2019	\$1,000,000 PER PERSON \$1,000,000 OCCURRENCE \$2,000,000 AGGREGATE

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

WEDDING RECEPTION-SATURDAY, SEPTEMBER 22, 2018-TOWN HALL, TOWN OF ARLINGTON 730 MASSACHUSETTS AVE, ARLINGTON MA 02476

TOWN OF ARLINGTON, MA IS NAMED ADDITIONAL INSURED ON THE LIQUOR LIABILITY POLICY

CERTIFICATE HOLDER TOWN OF ARLINGTON 730 MASSACHUSETTS AVENUE 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 Glendon B. Nickerson Jr
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Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

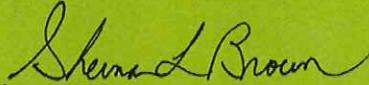
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 13743186
CARD # 14589586

ServSafe Alcohol® CERTIFICATE



IRIS CASTANEDA
NAME
1/18/2017
DATE OF EXAMINATION
Card expires three years from the date of examination. Local laws apply.

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

NATIONAL
RESTAURANT
ASSOCIATION

175 West Jackson Boulevard,
Suite 1500
Chicago, IL 60604-2814
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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