

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Jeanne Bartolomeo

Address, phone & e-mail contact information: 56 Ferry Road, Saco, ME; 207-205-7553;
jpkb13@gmail.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): **Karyn Taylor**
Address, phone & e-mail contact information: **460 High Street, Medford, MA; 978-376-7556;**
karyn@simplefarecatering.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: **978-376-7556**

Title of Event: **Moving On Reception**

Date/time of Event: **September 29, 2018/6:30pm-9:30pm**

Location of Event: **Robbins Library Reading Room**

Location/Event Coordinator: **Victoria Rose**

Method(s) of invitation/publicity for Event: **mailed and emailed invitations**

Number of people expected to attend: **100 Adults**

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.

Off. Corey P. Rabeau
Off. Corey P. Rabeau
Printed name/title

Date 8-29-18

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.

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

Michael Delsignore, bartender.

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.

ServSafe Alcohol 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.

Michael Delsignore: DOB is

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

Date of Delivery: **Saturday, September 29, 2018**
Alcohol Serving Time (s): **6:30pm-9:00pm**

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
The responsible manager will place unused, opened in the trunk of designated person.
Unopened beer and wine will be picked up by Wholesale Company.

Date of Pick-Up: **October 1, 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.) ServSafe Certificate, Liquor and General Liability Insurance.

**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: Jeanne Bartolomeo

Printed name: *Jeanne Bartolomeo*

Printed title & Organization name: Moving On Reception

Email: *jpkb13@gmail.com*

Robbins Library Reading Room
700 Massachusetts Ave. Arlington, MA 02476

28 August 2018

SECURITY PLAN FOR MOVING ON PARTY

A Moving On Party will be held on Saturday, September 29, 2018 from 6:30pm-9:30pm at the Robbins Library Reading Room. Alcohol service will run from 6:30pm-9:00pm.

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

This is the Security Plan.

We anticipate approximately 100 adult guests to attend.

Victoria Rose, Event Coordinator and Crowd Manager, will be on site to monitor the use of the Robbins Library Reading Room. Simple Fare Catering will provide the food and the bartenders. Karyn Taylor is the Responsible Manager and Michael Delsignore is the ServSafe certified bartender. The Responsible Manager and catering company servers and bartender and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in Whittemore Robbins House and Robbins Library parking lots, and on the side streets, as well as Massachusetts Avenue and municipal parking lots.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2018

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 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 Lallis and Higgins Insurance 440 Washington st. #3 Weymouth MA 02188		CONTACT NAME: Anthony Lallis PHONE (A/C, No, Ext): 7819278467 E-MAIL ADDRESS: anthony@lallisandhiggins.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: AMGUARD INS CO INSURER B: PREFERRED MUTUAL INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 42390
INSURED Simple Fare, LLC 460 High Street Medford MA 02155				

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	ADDITIONAL INSURED	SUBROGATION	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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		SIBP933314	08/21/2018	08/21/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	LIQUOR LIABILITY			0100423047	08/21/2018	08/21/2019	AGGREGATE 2,000,000 EACH CAUSE 1,000,000

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

Town of Arlington is named as an additional insured

CERTIFICATE HOLDER Town of Arlington	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 Anthony Lallis
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Sherman Brown

Senior Vice President, National Restaurant Association Solutions

ServSafe
National Restaurant Association

ID # 11866465

CARD # 12862595

ServSafe Alcohol® CERTIFICATE



MICHAEL DELSIGNORE

NAME

10/18/2015

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.