# OFFICE OF THE BOARD OF SELECTMEN



# TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

# SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:
Meg Price/Greg Hamilton
Address, phone & e-mail contact information:
91 Nason St., #2, Maynard, Ma
Name & address of Organization for which license is sought:
Ed Garland, Premier Bartending Bar Service, )( Box 540310, Waltham, Ma. 781-223-5001_
Does this Organization hold nonprofit status under the IRS Code? Yes _X No
Name of Responsible Manager of Organization (if different from above):
Ed Garland
Address, phone & e-mail contact information:
egarland@premierbarservice.com
Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year?NOX_ 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:
781-223-5001

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?
Premier Bartending Service
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:Sat. 9//29 <u>/2018</u>
Alcohol Serving Time (s) 6:00 pm - 10:00 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. 10/1/2018
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.)  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: Meg Price/Greg Hamilton	
Printed title & Organization name:	
Email: meg.price@gmail.com	

revised: 5/18/2015 reformatted: 02252018



### ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

23 August 2018

#### SECURITY PLAN FOR PRICE/HAMILTON WEDDING

A wedding for Meg Price and Brad Hamilton will be held on Saturday, September 29, 2018, at Arlington Town Hall. The event is scheduled for 5:30 pm to 11:00 pm.

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

This is the Security Plan.

We anticipate approximately 130 people to attend.

Patsy Kraemer will be the event coordinator for the event. Sara's Cooking/Catering Team will provide catering service and Premier Partending will provide bar service for the event. Greg Stathopoulos will be the custodian for the event. The Price and Hamilton 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.

**JHOGAN** 

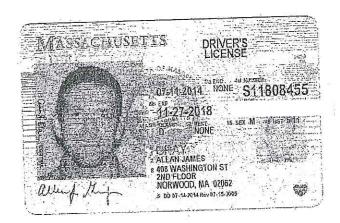
## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2018

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). CONTACT NAME: PRODUCER FAX (A/C, No): (781) 449-8976 PHONE (A/C, No, Ext): (781) 455-0700 Roblin Insurance Agency 144 Gould Street Suite 100 Needham, MA 02494 E-MAIL ADDRESS: certificates@roblininsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Mount Vernon Fire Co INSURER B : StarStone National Insurance Company 25496 INSURED INSURER C: U.S. Liability Ins. Co. Premier Catering & Bar Service LLC PO Box 540310 INSURER D: Waltham, MA 02454 INSURER E: INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY AX 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 03/11/2018 03/11/2019 CLAIMS-MADE X OCCUR CP2610440 \$ 5,000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG PRO-JECT LOC 1.000.000 HIRED NONOWNED OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS BODILY INJURY (Per accident) OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED ONLY 5,000,000 B **EACH OCCURRENCE** OCCUR UMBRELLA LIAB 03/11/2018 03/11/2019 5.000.000 88915C175ALI **EXCESS LIAB** CLAIMS-MADE AGGREGATE X RETENTION \$ DED OTH-ER PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT F.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1,000,000 03/11/2018 03/11/2019 per Occurence CL1569703C Liquor Liability 2,000,000 03/11/2018 03/11/2019 Aggregate CL1569703C Liquor Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Town of Arlington is additional insured with regard to liablity of the named insured. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Town of Arlington **Town Hall** 730 Massachusetts Ave. AUTHORIZED REPRESENTATIVE Arlington, MA 02476



eTIPS On Premise 2.05SN:

XXX-XX-XXXX Expires: 11/18/2018

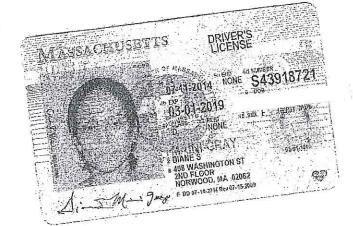
11/18/2015 Issued: 4129771 ID#:

D.O.B.:

XXXXXXXXX

Allan J Gray Capers Catering 21 Emerson St Stoneham, MA 02180-2053

For service visit us online at www.gettips.com .



eTIPS On Premise 2.0 SSIN:

XXX-XX-XXXX

Issued: 11/18/2015 ID#: 4129671 Expires: 11/18/2018
D.O.B.: XX/XX/XXXX

Diane Maini Capers Calering 21 Emerson St Stoneham, MA 02180-2053

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