

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: **Philip Clossey and Linda Jeong**

Address, phone & e-mail contact information: **19 Medford Street Apt. 2 Arlington, MA 02474; 781-507-5178; phindawedding2018@gmail.com**

Name & address of Organization for which license is sought: **NA**

Does this Organization hold nonprofit status under the IRS Code? ___ Yes ___ **X** No

Name of Responsible Manager of Organization (if different from above): **Michelle Noska from Beaujolais Catering.**

Address, phone & e-mail contact information: **207 Broadway, Arlington, MA 02474; 617-519-6081; michelle@beaujolaiscatering.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? **NO. One time event.**

24-Hour contact number for Responsible Manager of Alcohol Event date: **617-519-6081**

Title of Event: **Philip Clossey and Linda Jeong Wedding Reception**

Date/time of Event: **October 20, 2018/3:00pm-11:00pm**

Location of Event: **Whittemore Robbins House**

Location/Event Coordinator: **Victoria Rose**

Method(s) of invitation/publicity for Event: **Formal Invitation**

Number of people expected to attend: **125**

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? **There will be 3 guests under 21. 15 months old, 17 years old, 20 years old**

If "yes," please detail plan to prevent access of minors to alcoholic beverages. **TiPS certified Bartender will follow the rules of certification.**

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.

Officer Corey P. Rabeau

Date 10-3-18

OFFICER Corey P. Rabeau

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 and Wine**

What types of food and non-alcoholic beverages do you plan to serve at the Event? **Water and Soda. See attached Menu.**

Who will be responsible for serving alcoholic beverages at the Event? **Kevin Malloy and Steve Baima are the bartenders with Beaujolais 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 Certified

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.

Kevin Malloy DOB: _____

Steve Baima DOB _____

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) **Kappy's in Everett, MA.**

Date of Delivery: **Saturday, October 20, 2018**

Alcohol Serving Time (s): 4:15pm-9:00pm

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

Opened bottles will be put in the trunk of designated car by the responsible manager.

Unopened will be picked up by Kappy's in Everett.

Date of Pick-Up: **Monday, October 22, 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.) **Find attached General and Liquor Liability and TIPS Certificate.**

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: *Philip Clossey*

Printed name: Philip Clossey

Printed title & Organization name: Philip Clossey and Linda Jeong Wedding Reception.

Email: phindawedding2018@gmail.com

Philip Clossey
19 Medford Street, Apt. 2 Arlington, MA 02474
781-507-5178

September 24, 2018

SECURITY PLAN for Clossey/Jeong Wedding Reception at the Whittemore Robbins House

The event is scheduled for Saturday, October 20, 2018 from 4:00pm-10:00pm at the Whittemore Robbins House. The alcohol service will end one hour before the end of the event.

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

This is the Security Plan.

We anticipate approximately 114 guests including three guests under the age of 21.

The menu will include Pesto Tortellini with Roasted Tomato, Yucatan Chicken Skewers with Chimmichurri Aioli, Crudites of Seasonal Vegetables with Dips, Hummus, Grape Leaves, Tabouleh, Baba Ganoush Muhammara and Spied Pita Chips, Musclun Salad with Grilled Pears, Cranberries and Spiced Pecans, Maple Balsamic Vinaigrette, Pan Roasted Chicken with Spinach, Artichokes and Sundried Tomato Cream Sauce, Sweet Potato Hash Cakes, Mediterranean Quinoa Salad, Balsamic Glazed Brussels Sprouts with Sauteed Red Onion, Iggy's Rolls and Butter. Beverages will include: Soda, Water, Juice, Beer, Wine, Coffee, Tea.

Beaujolais Catering will provide the food and beverage service. The bartenders are TiPs certified. All rules regarding alcohol beverage service will be followed as understood from TiPs Certification training by the bartenders. Bar service will begin at 4:15pm and end at 9:00pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Michelle Noska from Beaujolais Catering will be the Responsible Manager. Kevin Malloy and Steve Baima will serve the alcohol. All will be 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.



TIPS[®] eTIPS On Premise 3.0 **CERTIFIED**

Issued: 5/29/2018

Expires: 5/29/2021

ID#: 4813268

Kevin Malloy
193 Crescent Ave Unit 2
Revere, MA 02151-4218

For service visit us online at www.gettips.com

card. There is a minimal charge for a replacement card if your original becomes lost, damaged or stolen.



On Premise

SSN: XXX-XX-XXXX

Issued: 1/3/2017

Expires: 12/18/2019

ID#: 4428649

D.O.B.: XX/XX/XXXX

STEPHEN BAIMA
Po Box 146689
Boston, MA 02114-0019

For service visit us online at www.gettips.com
Jacqueline Lemieux, 52418



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2018

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 Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148	CONTACT NAME: Commercial Lines
	PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hartford Insurance Group
	INSURER B: Safety Insurance Co
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:


COVERAGES CERTIFICATE NUMBER: 2018-2019 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:	Y		08SBAAA8353	04/09/2018	04/09/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 Liquor Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		6227097	01/21/2018	01/21/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY	Y		08SBAAA8353	04/09/2018	04/09/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$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 Additional Insured

CERTIFICATE HOLDER Town of Arlington 730 Mass Ave Arlington MA 02474	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 

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