

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Sheryl Elkin

Address, phone & e-mail contact information:

31 Benjamin Rd., Arlington, Ma. 617-721-7919 skelkin@gmail.com

Name & address of Organization for which license is sought:

Beaujolais Catering

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

Address, phone & e-mail contact information:

207 Broadway, Arlington, Ma. 617-519-6081 Micherlle@beaujolaiscatering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ____ NO X 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

24-Hour contact number for Responsible Manager on Event date:

617-519-6081

Title of Event:

Bar Mitzvah

Date/time of Event:

Sat. Nov 3, 2018 1:00 pm - 5:00 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: 180

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.

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.

Officer Corey P. Roteau
OFFICER COREY P. ROTEAU
Printed name/title

Date 10-3-18

POLICE COMMENTS:

Request at least one safety detail officer.

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 lunch menu waters/sodas

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

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 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. 11/3/2018

Alcohol Serving Time (s) 1:30 - 4:30 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. 11/5/2018

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: Sheryl Elkin

Printed title & Organization name: _____

Email: skelkin@gmail.com

revised: 5/18/2015 reformatted: 02252018



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

1 October 2018

SECURITY PLAN FOR ELKIN BAR MITZVAH

A bar mitzvah for the son of Sheryl Elkin will be held on Saturday, November 3, 2018, in the auditorium at Arlington Town Hall. The event is scheduled for 1:00pm to 5:00 pm.

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

This is the Security Plan.

We anticipate approximately 180 people to attend.

Patsy Kraemer will be the event coordinator for the event. Food service and bar service will be provided by Beaujolais Catering. Greg Stathopoulos will be the custodian for the event. The Elkin family 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 Masonic 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.


This is your Official TIPS® Certification Card.
Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

Congratulations!
By successfully completing the TIPS (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.
You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.
If you have any information you think would enhance the TIPS program, or can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,

Adam F. Chafetz
President, HCI

IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

**tips**
eTIPS On Premise 2.0

Issued: 6/6/2015
ID#: 4003613

Expires: 6/6/2018
D.O.B.: XXX-XX-XXXX

Aldarico G de Oliveira
364 Reservoir ave
Revere, MA 02151

For service visit us online at www.gettips.com



eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 5/12/2015 Expires: 5/12/2018
ID#: 3984930 D.O.B.: XX/XX/XXXX

Kevin Malloy
At Your Service Boston Inc
10 Post Office Square, 8th Floor, Boston, MA
193 Crescent Ave # 2
Revere, MA 02151-4218

For service visit us online at www.gettips.com



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:		NAIC # 39454
INSURED Michelle C Noska DBA Beaujolais Catering 207A Broadway Arlington MA 02474				

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"/> PROJECT <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	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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"/> EXCESS LIAB 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**CANCELLATION**

Town of Arlington 730 Mass Ave Arlington MA 02474	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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