

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Catholic High School

Address, phone & e-mail contact information: 16 Medford Street Arlington, MA 02474

Name & address of Organization for which license is sought: same

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

Name of Responsible Manager of Organization (if different from above):  
Lee-Ann Pepicelli-Murray

Address, phone & e-mail contact information: 781-646-5101 / lpepicelli@achs.net

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☒ Yes ☐ No If so, please give date(s) of Special Licenses and/or applications and title of event(s). March 24th/Quiz Night

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

Annual, March 24th 2018

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-605-9727

Title of Event: Quiz Night

Date/time of Event: March 9, 2019 6pm - 11pm

Location of Event: Arlington Catholic High School

Location/Event Coordinator: Lee-Ann Pepicelli-Murray

Method(s) of invitation/publicity for Event: Invite to community members

Number of people expected to attend: 300

Expected admission/ticket prices: \$35

Expected prices for food and beverages (alcoholic and non-alcoholic): \$5 mixed drinks/\$4 beer & wine  
soda, coffee and water - no charge

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?  
Please see attached

**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 Date 10-3-18  
OFFICER Corey P. Roteau  
Printed name/title

**POLICE COMMENTS:**

Request at least two security detail officers.

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/Mixed Drinks

What types of food and non-alcoholic beverages do you plan to serve at the Event? \_\_\_\_\_

Soda/Water/Coffee/Various Foods ie: brownies, cookies and guests bring their own polluck.

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

1 bartender and 5-non-certified persons

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.

Joe Simmons - TIPS Certified....certification attached

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.

Joe Simmons	Jim Simmons -
Rick Simmons	David Simmons -
Bob Simmons -	
Tom Simmons -	

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

Date of Delivery: March 9, 2019

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

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?  
To be distributed among committee members. Expected to be minimal.

Date of Pick-Up: n/a

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.) Please see 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: Lee-Ann Pepicelli-Murray

Printed title & Organization name: Director of Advancement/ACHS

Email: lpepicelli@achs.net

## **Quiz Night Security Plan**

Arlington Catholic's Quiz Night will have approximately 300 attendees. It is a fundraising event for the school. This is an annual event. We will have a bar available as well as food.

### **Prevention of Sale of Alcohol to Minors:**

First and foremost, no one is allowed to attend the event unless they are 21 and over. Additionally, AC has a certified bartender who will check IDs for everyone, Joseph Simmons (his certification information is enclosed). There will also be additional volunteers available to serve soda and non-alcoholic beverages.

### **Traffic and Parking:**

We do not anticipate any traffic issues as the school daily has over 800 people in the building and there will be fewer people in attendance that evening. Attendees are being told to park in the Municipal Lot behind the school, to find street parking, or the RR Lot.

### **General Crowd Control:**

Arlington Catholic will hire two Arlington Police Detail Officers for the event to assist if any issues arise. We will also have numerous school administrators present.

### **Evacuation Plan:**

The school evacuation plan that was developed to evacuate students during the day will be put into use if any emergencies occur. The emergency plan is posted in all areas of the school with explicit instructions of what to do in an emergency. Again, school administrators and staff will be available to assist and direct if anything were to occur.





eTIPS On Premise 3.0

Issued: 1/30/2017

ID#: 4445009

**CERTIFIED**

Expires: 1/30/2020

Joseph P Simmons  
Arlington Catholic  
16 Medford St  
Arlington, MA 02474-3121

For service visit us online at [www.gettips.com](http://www.gettips.com)

Print

Main Menu

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# Certificate of Completion

This Certificate of Completion of  
**eTIPS On Premise 3.0**  
For coursework completed on January 30, 2017  
provided by Health Communications, Inc.  
is hereby granted to:

**Joseph Simmons**

Certification to be sent to:

**Arlington Catholic**  
**16 Medford St**  
**Arlington MA, 02474-3121 USA**



HEALTH COMMUNICATIONS INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/2/2018

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).

<b>PRODUCER</b> Roman Catholic Archdiocese of Boston 66 Brooks Drive Braintree, MA 02184		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 617-746-5742 <b>FAX (A/C, No):</b> 617-779-4572 <b>E-MAIL ADDRESS:</b> ormadmin@rcab.org	
<b>INSURED</b> Location 080-003 Arlington Catholic High School 16 Medford Street Arlington MA 02471		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Fides Insurance Group <b>INSURER B:</b> National Catholic Risk Retention Group <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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 B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FIDES 18-002 \$250,000.00 RRG 10358-21 \$750,000.00	07/01/18	07/01/19	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> 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						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Evidence of General Liability including Host Liquor Liability for fund raiser - March 9, 2019  
Town of Arlington is an additional insured where required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington, Massachusetts  
730 Massachusetts Avenue  
Arlington, MA 02476

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