

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Kevin McGuire / Pennypackers Fine Food

Address, phone & e-mail contact information: 514c Medford St. Somerville, MA 02145
352 283 1004 pennypackersfoodtruck@gmail.com

Name & address of Organization for which license is sought: Pennypackers Fine Food
514c Medford St Somerville, MA FOR wedding @ WRH

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

Name of Responsible Manager of Organization (if different from above):

Address, phone & e-mail contact information: _____

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

24-Hour contact number for Responsible Manager of Alcohol Event date: Kevin McGuire 352 283 1004

Title of Event: Safran wedding at WRH

Date/time of Event: 11/10/18 5-11pm

Location of Event: WRH

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: private wedding invitation

Number of people expected to attend: 75

Expected admission/ticket prices: 0

Expected prices for food and beverages (alcoholic and non-alcoholic): 0

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?

~~NO~~ 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.

Date _____

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 / wine

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

water, soda, food menu attached

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

2 servers Kevin McGuire and Stephanie Todisco

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.

Both have 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.

Kevin McGuire
Stephanie Tadisco

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

Date of Delivery: 11/10
Alcohol Serving Time (s): ~~5pm~~ 5pm - 9:30pm

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

Date of Pick-Up: 11/11

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 Liability Insurance
Tips Certificates

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: [Signature]

Printed name: Kevin McGuire

Printed title & Organization name: Owner Penny Patches Fine Food Inc

Email: penny patches food truck@gmail.com

Wendi Safran
22 Brooks Avenue
Arlington, MA 02474
wsafran@gmail.com

16 October 2018

SECURITY PLAN FOR WENDI SAFRAN WEDDING RECEPTION

A Wedding Reception will be held on Saturday, November 10, 2018 from 5:00pm-11:00pm at the Whittemore Robbins House. Alcohol service will run from 5:00pm-9:30pm.

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

This is the Security Plan.

We anticipate approximately 75 adult guests to attend.

Victoria Rose, Event Coordinator and Crowd Manager, will be on site to monitor the use of the Whittemore Robbins House. Pennypackers Fine Food Catering will provide the food and the bartenders. Kevin McGuire is the Responsible Manager and Stephanie Todisco is the TiPS 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.



MCGUR-1

OP ID: PS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2018

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 Edward J. McGrath Insurance P.O. Box 1003 Dennis, MA 02638 E.J. McGrath Insurance Agency	508-385-2454	CONTACT NAME: E.J. McGrath Insurance Agency PHONE (A/C, No, Ext): 508-385-2454 FAX (A/C, No): 508-385-5991 E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE INSURER A: Safety Insurance Company INSURER B: Nautilus Insurance Company INSURER C: AIM Mutual Insurance Company INSURER D: Hospitality Mutual INSURER E: INSURER F:	NAIC # 41297J
INSURED Pennypackers Fine Food, Inc 63 Marshside Drive Yarmouthport, MA 02675				

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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		NN919557	05/16/2018	05/16/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6218813	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AN052761	05/16/2018	05/16/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AWC4007034617-2018	07/22/2018	07/22/2019	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Liquor Liability	Y		00109590LL	08/30/2018	08/30/2019	Per occur 1,000,000

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

TOWN OF ARLINGTON
WHITEMORE ROBBINS HOUSE
670R MASSACHUSETTS AVENUE
ARLINGTON, MASSACHUSETTS 02476

CERTIFICATE HOLDER

ARLINTG

Town of Arlington MA
730 Mass. Ave Annex
Arlington, MA 02476

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
E.J. McGrath Insurance Agency

Certificate of Completion

This Certificate of Completion of

eTIPS On Premise 3.0

For coursework completed on April 18, 2018
provided by Health Communications, Inc.
is hereby granted to:

Kevin McGuire

Certification to be sent to:

90 Quincy Shore Dr Apt 807
Quincy MA, 02171-2960 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.



