

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Kevin Greeley

Address, phone & e-mail contact information:

5 Russell Place, Arlington, Ma. 02476 617-759-2200, greeleycom@aol.com

Name & address of Organization for which license is sought:

Jim Dentremont, Cocktails, LLC, 5 Nanset Rd., Weymouth, Ma.

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:

617-590-3453 jim@cocktailsbarstaff.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?

one-time event

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

617-590-3453

Title of Event:

Arlington Catholic High School 50th Reunion Party

Date/time of Event:

Friday, November 23, 2018

Location of Event: Arlington Masonic Hall

Location/Event Coordinator: Patsy Kraemer/Eileen Messina

Method(s) of invitation/publicity for Event:

Invitation/social media

Number of people expected to attend: 40

Expected admission/ticket prices: \$68

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

\$5 beer, \$7 wine, \$2 soda/waters

Will persons under age 21 be on premises? No

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.

Off. Corey P. Rataeue

Date 11-5-18

Off. Corey P. Rataeue

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?

full dinner menu waters/sodas

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

Cocktails LLC bartending staff

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: Fri. Nov. 23, 2018

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?

will take back what is not used.

Date of Pick-Up:

Mon. November 26, 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: Kevin Greeley

Printed title & Organization name: _____

Email: greeleycom@aol.com

revised: 5/18/2015 reformatted: 02252018



ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

25 October 2018

SECURITY PLAN FOR ACHS 50TH REUNION

A 50th Reunion Party for former students of Arlington Catholic High School will be held on Friday, November 23, 2018, at Arlington Masonic Hall. The event is scheduled for 6:00 pm to 10:00 pm.

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

This is the Security Plan.

We anticipate approximately 40 guests to attend.

Eileen will be the event coordinator for the event.

The committee for the event will be responsible to ensure that everything runs smoothly. The committee is chaired by Kevin Greeley.

The food will be provided by Dagostino's of Arlington. Cocktails Limited will provide the certified bartender.

A fire services detail will be hired for the event. This officer 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 across the street from the Masonic Hall, and on the side streets.

Please advise if there are other items that we need to consider.

is is your Official TIPS® Certification Card.

it with you as evidence of your skills and knowledge in the responsible and consumption of alcohol.

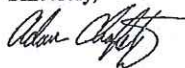
Congratulations!

y successfully completing the TIPS (Training for Intervention Procedures) ram, you have taken your place in the forefront of a nationwide movement duce the tragedies resulting from the misuse of alcohol. We value your cipation in the TIPS program.

ou will help to provide a safer environment for your patrons, peers and/or agues by using the techniques you have learned and taking a positive oach towards alcohol use.

you have any information you think would enhance the TIPS program, or e can assist you in any way, please contact us at 703-524-1200. Thank you our 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.



eTIPS On Premise 2.0SSN: XXX-XX-XXXX

Issued: 1/26/2016

Expires: 1/26/2019

ID#: 4171829

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

Jim Dentremont
Cocktails
5 Nanset Rd
Weymouth, MA 02191-1511

For service visit us online at www.gettips.com

Carry it with you as proof of your TIPS certification.

ID#: 4497355 Name: Lynne P Travers

Exam Date: 4/7/2017

Expiration Date: 4/7/2020



eTIPS On Premise 3.0

CERTIFIED

Issued: 4/7/2017

Expires: 4/7/2020

ID#: 4497355

Lynne P Travers
Wollaston Golf Course
14 Tingley Rd
Braintree, MA 02184-3411

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2018

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 Weymouth 253 Washington St Weymouth MA 02188	CONTACT NAME: PHONE (A/C, No, Ext): 781-331-5200 E-MAIL ADDRESS: commercial@kaplansky.com	FAX (A/C, No): 781-340-1817
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Mount Vernon Fire Insurance Company		
INSURER B : United States Liability Insurance		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Cocktails, LLC
c/o Jim Dentremon
5 Nanset Rd
Weymouth MA 02191

COCKLLC-01

COVERAGES

CERTIFICATE NUMBER: 1605071215

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 IND	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		CL2652807C	12/18/2017	12/18/2018	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 \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> 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 \$
B	Liquor Liability			CL1634026D	12/18/2017	12/18/2018	Per Liquor Occurrence 1,000,000 Aggregate 1,000,000 Prod/CO Aggr 1,000,000

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

Re: Catering and Bartending Services

The certificate holder is an additional insured as respects general liability of the insured, if required by written agreement with the insured per company form L-723 0209.

The Owner of any premises at which the insured is serving alcohol is an additional insured as respects liquor liability arising from the insured's serving of alcohol per company form L-723 0209.

CERTIFICATE HOLDER

CANCELLATION

ARLINGTON MASONIC HALL
19 Academy Street
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

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