# OFFICE OF THE BOARD OF SELECTMEN



# TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

## SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:
Diane Carney, AHS Class of 78
Address, phone & e-mail contact information:
29 Beech St, Saugus, Ma. 01906 781-307-1313 dianthus 78@yahoo.com
Name & address of Organization for which license is sought:
Leo LeFarge, LeFarge Bartending Service, 463 Fellsway West, Medford, Ma. 02115
Does this Organization hold nonprofit status under the IRS Code? Yes _X 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?NOX 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 wha location?  one-time event  one-time event
24-Hour contact number for Responsible Manager on Event date:
Patsy Kraemer/Vicki Rose

Title of Event:
40th High School Reunion
Date/time of Event:
Sat. 11/24/2018 7:30 pm - 11:30 pm
Location of Event: Arlington Town Hall
Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward
Method(s) of invitation/publicity for Event:
Invitation /social media
Number of people expected to attend: 90
Expected admission/ticket prices:
Expected prices for food and beverages (alcoholic and non-alcoholic):
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.  Date 11-5-16  Privated name/title
POLICE COMMENTS:
, a.

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?
LeFarge Bartending Service
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 OnLine
Date of Delivery:Sat. 111/24/2018
Alcohol Serving Time (s) 7:30 pm - 11:00 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. 11/26/2018
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:Diane Carney	
Printed title & Organization name:	
Email:dianthus78@yahoo.com	
Email:dianthus78@yahoo.com	

revised: 5/18/2015 reformatted: 02252018



#### ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

26 October 2018

#### SECURITY PLAN FOR AHS 40TH REUNION

A 40th Reunion Party for former students of Arlington High School will be held on Saturday, November 24, 2018, at Town Hall. The event is scheduled for 7:30 pm to 11:00 pm.

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

This is the Security Plan.

We anticipate approximately 90 guests to attend.

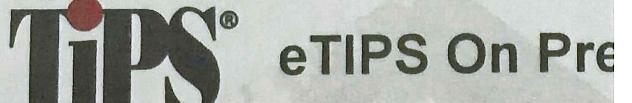
Patsy Kraemer will be the event coordinator for the event. The committee for the event will be responsible to ensure that everything runs smoothly. The committee is chaired by Diane Carney.

The food will be provided by Kowloon Restaurant of Saugus and the bar service will be done by LeFarge Bartending Service of Medford.

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 Town Hall parking lot, the parking lot at the Central School office building, and on the side streets.

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

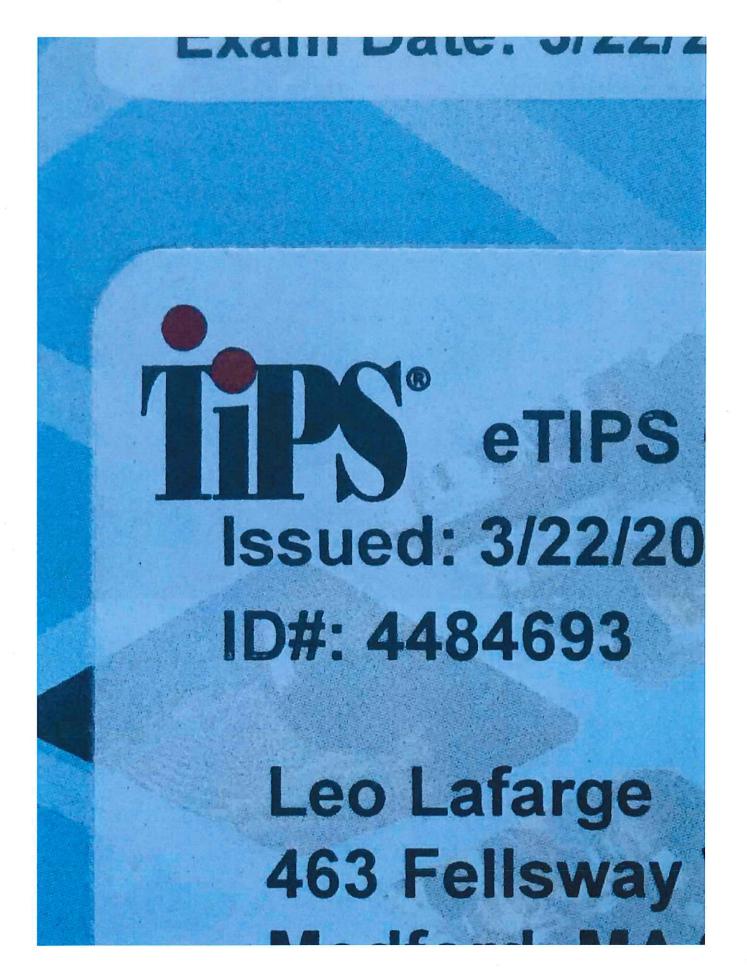


Issued: 4/28/2017

ID#: 4513194

Jennifer Whelan 4 Beach St Foxboro, MA 02035-

For service visit us online





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2018

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).

this c	ertificate does not confer rights to	the c	ertif	icate holder in lieu of suc							
PRODUCE	R Pompeo & Sons Insurance Age	ncy, li	nc		CONTACT ANDREW GIAMMARCO NAME: PHONE 781_391_1630 FAX 781_391_4214						
	464 High Street	reconstant in			(A/C, No, Ext): (A/C, No): 751 551 1211						
	Medford, MA 02155				E-MAIL andrew@pompeoinsurance.com						
					INSURER(S) AFFORDING COVERAGE					NAIC#	
INCUDED	Loo LaFargo dha: IBN Professi	onal F	Sarto	nding Sanji	4	INSURER A: Hospitality Mutual Insurance Company					
INSURED Leo LaFarge dba: JPN Professional Bartending Servi 463 Fellsway					INSURER B:						
Medford, MA 02155					INSURER C:						
					INSURER D:						
					INSURER E:						
COVER	AGES CER	TIFIC	ΔTE	NUMBER:	INSURER F : REVISION NUMBER:						
	S TO CERTIFY THAT THE POLICIES				BEEN	ISSUED TO T			OLICY	PERIOD	
INDIC. CERT	ATED. NOTWITHSTANDING ANY REC IFICATE MAY BE ISSUED OR MAY P JSIONS AND CONDITIONS OF SUCH F	QUIRE	MEN IN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY ( ) BY TH	CONTRACT OF	R OTHER DOO DESCRIBED H AID CLAIMS,	CUMENT WITH RESPECT T	O WHIC	H THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	INCO	1112					EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	control contro							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:							COMPINED CINIOLE LIMIT	\$		
AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR			10				EACH OCCURRENCE	\$		
-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
WO	DED RETENTION \$ RKERS COMPENSATION							PER OTH- STATUTE ER	\$		
AND	EMPLOYERS' LIABILITY Y / N								s		
OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$		
If ye	ndatory in NH) s, describe under						1	E.L. DISEASE - POLICY LIMIT	s		
DES	SCRIPTION OF OPERATIONS below	Х						E.L. DISEASE - POLICI LIMIT		nit: \$1,000,000	
A Liq	uor Liability			00099310LL		01/11/2018	01/11/2019			nit: \$2,000,000	
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more s	pace is required)				
The follo	owing are additionally insured if requ	ired l	оу со	ontract: Town of Arlington							
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CERTI	FICATE HOLDER				CANC	CANCELLATION					
	Town of Arlington						TILE ADOLES	CODINED DOLLOIS DE CO	105.15	DEFORE	
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHOR	AUTHORIZED REPRESENTATIVE					
				1 low you							