

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Catherine Coyle

Address, phone & e-mail contact information:

7 Priscilla Rd., Brighton, Ma. 02135 208-383-0508 kgcoyle1@gmail.com

Name & address of Organization for which license is sought:

Beaujolais Catering, 207 Broadway, Arlington, Ma.

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

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

Michelle Noska

Address, phone & e-mail contact information:

617-519-6083, Michelle@beaujolaiscatering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ yes ☐ 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 of Alcohol Event date:

617-519-6083

Title of Event:

wedding

Date/time of Event:

Saturday 12, 29, 2018

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend:

220

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.

Bartender will check 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 Date 12-5-18
OFFICER Corey P. Roteau
Printed name/title

POLICE COMMENTS:

Request at least one safety detail

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?

appetizers/full dinner, waters/sodas

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

Beaujolais Catering 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, Ma.

Date of Delivery:

Sat. 12/29/2018

Alcohol Serving Time (s):

5:00 pm - 9:30 pm

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

Kappy's

Date of Pick-Up:

Mon. 12/31/2018

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: Katie Coyle

Printed title & Organization name: bride

Email: kgcoyle1@gmail.com



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

12 December 2018

SECURITY PLAN FOR COYLE WEDDING

A wedding for Katie Coyle will be held on Saturday, December 29, 2018, in the auditorium at Arlington Town Hall. The event is scheduled for 5:00 pm to 10:00 pm.

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

This is the Security Plan.

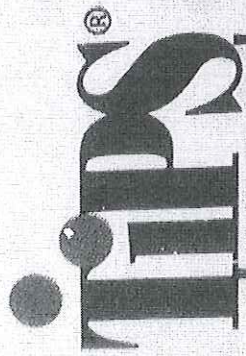
We anticipate approximately 220 people to attend.

Patsy Kraemer will be the event coordinator for the event. Beaujolais Catering will provide bartender service. Greg Stathopoulos will be the custodian for the event. The Coyle 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 Town 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.



eTIPS On Premise 3.0

CERTIFIED

Issued: 5/29/2018

Expires: 5/29/2021

ID#: 4813268

Kevin Malloy

193 Crescent Ave Unit 2

Revere, MA 02151-4218

For service visit us online at www.gettips.com

Your official TIPS certification card. Carry it with you as proof of your TIPS certification.

that you have successfully completed the eTIPS On Premise 3.0 program. We value your commitment and dedication to the responsible sale, service, and consumption of alcohol.

The techniques you have learned, you will help to create a safer environment for your patrons, peers, and reduce the tragedies resulting from intoxication, drinking, and drunk driving.

Any information you think would help the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.

Sincerely,



Adam F. Chafetz
HCI President

ID#: 4856356 Name: Aldo G De Oliveira
Exam Date: 7/19/2018 Expiration Date: 7/19/2021

TIPS® eTIPS On Premise 3.0 **CERTIFIED**

Issued: 7/19/2018 Expires: 7/19/2021
ID#: 4856356

Aldo G De Oliveira
Rebecca's cafe
364 Reservoir Ave
Revere, MA 02151-5808

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 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Michelle C Noska DBA Beaujolais Catering 207A Broadway Arlington MA 02474		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Insurance Group INSURER B: Safety Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	

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"/> PRO-JECT <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 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						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 \$
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

Town of Arlington 730 Mass Ave Arlington MA 02474

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

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