

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Thompson School PTO, Anne Moore/Don May parent coordinators, 15 University Rd., Arlington, Ma. 02474

Address, phone & e-mail contact information:

617-905-3953 (Ann Moore) amoore26@gmail.com

Name & address of Organization for which license is sought:

Thompson School, 187 Everett St., Arlington, Ma. 02474

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

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

Jodi Auerbach, Something Savory

Address, phone & e-mail contact information:

1337 Mass. Ave., Arlington, Ma. 02476

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☐ No ☐ 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?

annual event, January, 2018

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

Jodi Auerbach, 617-549-2599

Title of Event:

Thompson School Parent Dance

Date/time of Event:

Saturday, January 26, 2019, 7:30 pm - 12 midnight

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation/social media

Number of people expected to attend:

135 - 140

Expected admission/ticket prices:

\$15 per person

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

\$3 for beer, \$5 for wine, \$7 for signature cocktail

Will persons under age 21 be on premises?

possible coat check teens

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.

Off. Corey P. Rationale Date 1-7-19
Off. Corey P. Rationale
Printed name/title

POLICE COMMENTS:

Notify licensing authority if expected participants
exceed 150 ppl

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/signature cocktail

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

sweet and savory tapas, sliders, waters, sodas

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

Something Savory 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)

Adonna, Imports, Waltham, Ma.

Date of Delivery:

Sat. January 26, 2019

Alcohol Serving Time (s):

7:30 - 11:30 pm

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

The committee will distribute excess alcohol among their members.

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.)

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: Anne Moore/ c/o Thompson School PTO

Printed title & Organization name: Committee CoChair, Thompson School PTO

Email: amoore26@gmail.com



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

2 January 2019

SECURITY PLAN FOR THOMPSON PTO WINTER DANCE PARTY

The Thompson School PTO is sponsoring a Winter Dance Party event to be held on Saturday, January 26, 2019, 7:30 pm – 12 midnight at the Arlington Town Hall. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Advance tickets will be sold for the evening event at \$15 each. We anticipate approximately 140 people to attend.

The event will be for adults only except for two coat check ticket takers.

Patsy Kraemer will be the event coordinator for the event. Something Savory Catering will provide food for the event and will also provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 6 volunteers from the Thompson PTO Party Committee is the planning group and will assist in staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event.

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 2.0SSN:

XXX-XX-XXXX

Issued: 3/3/2016

Expires: 3/3/2019

ID#: 4196694

D.O.B.: XXXX/XXXX

Martin S Norman
Something Savory LLC
1337 Massachusetts Ave
Arlington, MA 02476-4101

For service visit us online at www.gettips.com

it with you as proof of your TIPS certification.

ID#: 4720949 Name: Bonnie Sue Tomassian
Exam Date: 2/1/2018 Expiration Date: 2/1/2021



eTIPS On Premise 3.0

CERTIFIED

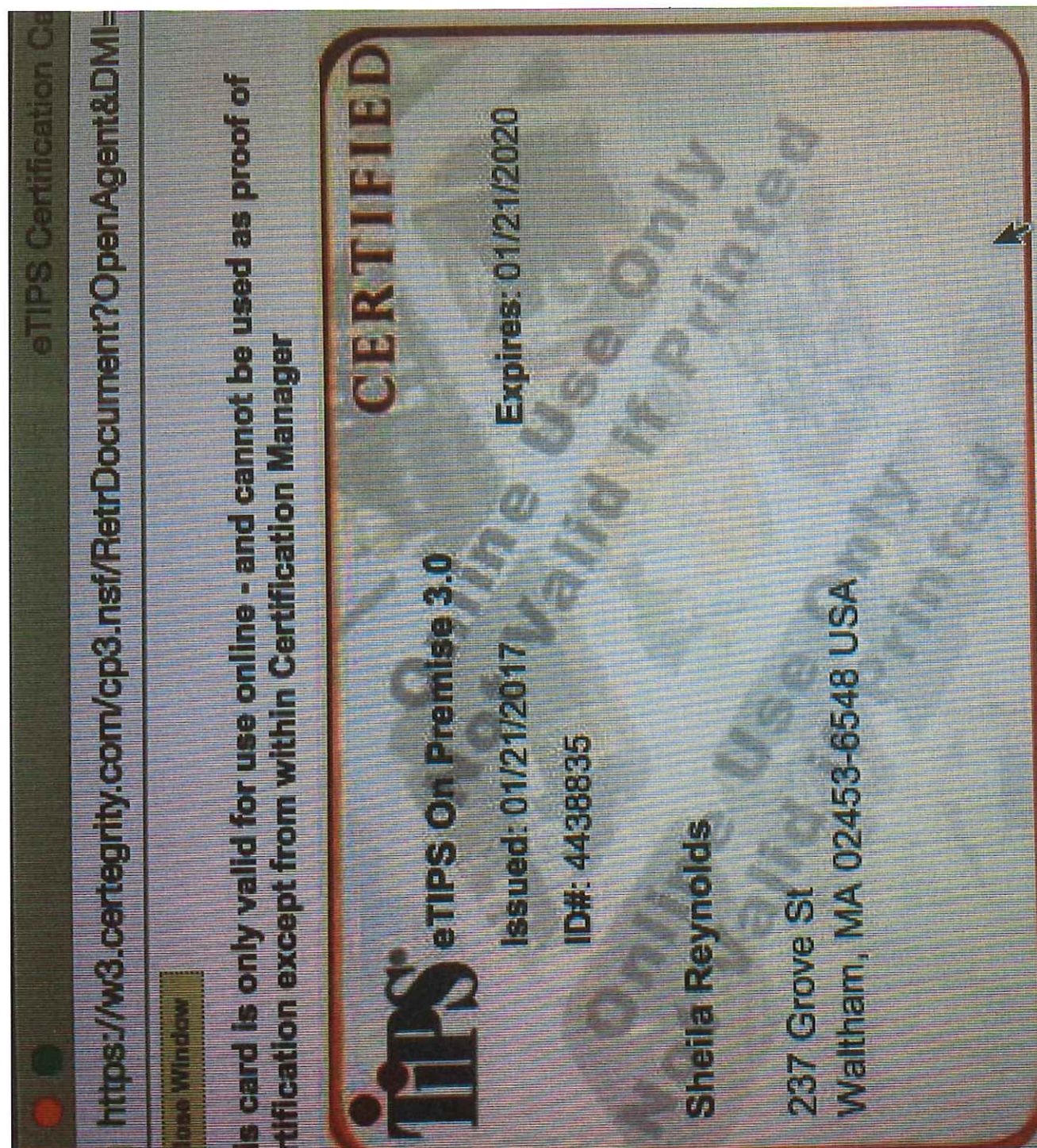
Issued: 2/1/2018

Expires: 2/1/2021

ID#: 4720949

Bonnie Sue Tomassian
Something Savory LLC
1337 Massachusetts Ave
Arlington, MA 02476-4101

For service visit us online at www.gettips.com





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2019

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 T. Edmund Garrity & Co., Inc. 545 Concord Avenue, Suite 16 Cambridge MA 02138	CONTACT NAME: Ashlee Espinosa PHONE (A/C, No, Ext): (617) 354-4640 FAX (A/C, No): (617) 354-5828 E-MAIL ADDRESS: ashlee@garrity-insurance.com
INSURED Jodi Auerbach, DBA: Something Savory 1337 Massachusetts Ave #237 Arlington MA 02476	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Co CT NAIC # 25682 INSURER B: INSURER C: Hospitality Mutual INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: Master COI 2018

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 VWD	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			6607B769370	04/20/2018	04/20/2019	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					
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						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						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 \$	
C	Liquor Liability			00061130LL	12/16/2018	12/16/2019	Per Occurrence 1,000,000	
			Aggregate 2,000,000					

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

Town of Arlington is listed as additional insured for general liability and liquor liability.

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington Arlington MA	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 
---------------------------------------	--