

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Linda Shoemaker, Arlington Center for the Arts

Address, phone & e-mail contact information:

20 Academy St., Arlington, 781-648-6220, Linda@acarts.org

Name & address of Organization for which license is sought:

Arlington Center for the Arts, 20 Academy St., Arlington, Ma. 02476

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

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

Ed Garland, Premier Bartending Service

Address, phone & e-mail contact information:

PO Box 540310, Waltham, Ma. 02454

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?

annual event, 2/2018

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

781-223-5001

Title of Event:

Blue Jean Ball

Date/time of Event:

Sat. 2/2/2019, 7:00 pm - 10:30 pm

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:

175 - 190

Expected admission/ticket prices:

\$60 in advance/\$70 at door/\$100 VIP

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

\$7 for beer/wine, \$2 seltzer/soft drinks

Will persons under age 21 be on premises?

no

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. Rataeau Date 1-15-19
Off. Corey P. Rataeau
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?

sweet/savory tapas, seltzers/sodas

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

Premier Bartending

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 Everett

Date of Delivery:

Sat., 2/2/2019

Alcohol Serving Time (s):

7:00 pm - 10:30 pm

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

Kappy's will pick up.

Date of Pick-Up:

Mon. 2/4/2019

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: Linda Shoemaker

Printed title & Organization name: Director, Arlington Center for the Arts

Email: linda@acarts.org



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

13 January 2019

SECURITY PLAN FOR ARLINGTON CENTER FOR ARTS BALL

The Arlington Center for the Arts is sponsoring a Blue Jean Ball event to be held on Saturday, February 2, 2019, 7:00 pm – 10:30 pm 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 \$60, \$70, or \$100 each. We anticipate approximately 175-180 people to attend.

The Gala event will be for adults only.

Patsy Kraemer will be the event coordinator for the event. Beaujolais Catering will provide food for the event and Premier Bartending will provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 10 volunteers from the ACA planning group 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. A police detail also will be hired.

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.

This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.
Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention Procedures) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

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

TIPS®



Sincerely,
Adam Chafetz
Adam F. Chafetz
HCI President

ID#: 4785743 Name: Caitlin S Gaffney
Exam Date: 4/29/2018 Expiration Date: 4/29/2021

TIPS® eTIPS On Premise 3.0 CERTIFIED
Issued: 4/29/2018 Expires: 4/29/2021
ID#: 4785743

Caitlin S Gaffney
Premier Bar Service and Catering
282 Moody St
Waltham, MA 02453-5232

For service visit us online at www.gettips.com

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



Sincerely,

A handwritten signature in black ink, which appears to read "Adam Chafetz".

Adam F. Chafetz
HCL President

ID#: 4785742 Name: Caleb C Cook
Exam Date: 4/29/2018 Expiration Date: 4/29/2021

TIPS® eTIPS On Premise 3.0 **CERTIFIED**

Issued: 4/29/2018 Expires: 4/29/2021

ID#: 4785742

Caleb C Cook
Premier Bar Service and Catering
282 Moody St Ste 306
Waltham, MA 02453-5232

For service visit us online at www.gettips.com



PREMIER-01

JHOGAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2018

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 Roblin Insurance Agency 144 Gould Street Suite 100 Needham, MA 02494	CONTACT NAME: PHONE (A/C, No, Ext): (781) 455-0700 FAX (A/C, No): (781) 449-8976 E-MAIL ADDRESS: certificates@roblininsurance.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Mount Vernon Fire Co INSURER B: StarStone National Insurance Company INSURER C: U.S. Liability Ins. Co. INSURER D: INSURER E: INSURER F:	
INSURED Premier Catering & Bar Service LLC PO Box 540310 Waltham, MA 02454	NAIC # 25496	

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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP2610440	03/11/2018	03/11/2019	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 - COM/OP AGG \$ 2,000,000
							HIRED NONOWNED \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
PROPERTY DAMAGE (Per accident) \$							
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			88915C175ALI	03/11/2018	03/11/2019	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
	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.I. EACH ACCIDENT \$
							E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$
C	Liquor Liability			CL1569703C	03/11/2018	03/11/2019	per Occurrence 1,000,000
C	Liquor Liability			CL1569703C	03/11/2018	03/11/2019	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Town of Arlington is additional insured with regard to liability of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington
Town Hall
730 Massachusetts Ave.
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