

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Allison Raynor

Address, phone & e-mail contact information: Lesley Ellis School, 34 Winter St.
Arlington, MA 02474 508 474 1562 araynor@lesleyellis.org

Name & address of Organization for which license is sought: Lesley Ellis School /
Schools for children inc

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

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

Address, phone & e-mail contact information: 8 Winchester Pl. Winchester MA 01890
781-541-2424

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 / March 24 2018

24-Hour contact number for Responsible Manager of Alcohol Event date: 508 474 1562

Title of Event: Lesley Ellis School Spring Fundraiser

Date/time of Event: Saturday March 23rd 7pm-11pm

Location of Event: LES, 34 Winter Street Arlington (gym)

Location/Event Coordinator: Allison Raynor

Method(s) of invitation/publicity for Event: Private email for Parents + Staff

Number of people expected to attend: 175
Expected admission/ticket prices: \$25.00
Expected prices for food and beverages (alcoholic and non-alcoholic): \$5 alcoholic
free water and soft drinks
Will persons under age 21 be on premises? no
If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____
Have you consulted with the Department of Police Services about your security plan for the Event?
in process

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 2-21-19
Officer Corey P. Roteau
Printed name/title

POLICE COMMENTS:

Request one police 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 and wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? tacos, burgers,
normal food, soda, water, Seltzer

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

and Matt Ozolinis

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.

attached

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.

Matth Orellius

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Atlantic Importing

Date of Delivery: 3/23/14
Alcohol Serving Time (s): 7pm - 11pm

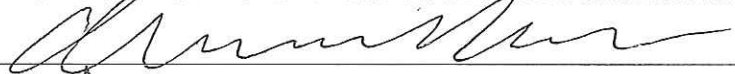
How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Atlantic Importing will bring back the night of

Date of Pick-Up: 3/23/14

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 Select Board 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: Allison Raynor

Printed title & Organization name: Advancement Coordinator, Lesley Ellis School

Email: Araynor @ Lesley ellis. org



Security plan for Special Alcohol License Application

Lesley Ellis School holds this spring fundraising event annually. Our community discourages overindulgence while encouraging an environment where people watch out for one another. Here are the points of our plan for the evening:

- Jeanette Keller and Allie Raynor keep a general eye on the crowd, and will be the go-to people if concern arises. As administrators, both know everyone in attendance at the event.
- Double doors to the school building at 34 Winter Street remain unlocked/accessible through the entire event.
- Staff working at the event are informed of the exits, while exit signage is clearly marked/visible.
- The parking lot adjacent to the school provides the majority of the parking. On street parking in designated areas will also be used.
- The bar will close one-half hour (at 10:30 p.m.) before the event ends (at 11:00 p.m.).

This event is mostly an internal LES community event (approx. 95%) including parents, staff and grandparents. The event is 21+.

The following administrators are present and working at the event:

- Deanne Benson, Head of School
- Jeanette Keller, Director of Auxiliary programs
- Allison Raynor, Advancement Coordinator
- Paul Stein, Exec. Director, Schools for Children, Inc.



eTIPS On Premise 3.0

CERTIFIED

Issued: 8/19/2016

Expires: 8/19/2019

ID#: 4334281

**Matthew Steven Ozellus
Jack's Abby Brewing
100 Clinton St
Framingham, MA 01702-6748**

For service visit us online at www.gettips.com



SCH00-1

OP ID: AC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/08/2019

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 S. B. Goddard & Son Co. 7 Winn Street Woburn, MA 01801-2828 Richard Mahoney | 781-933-0076 | CONTACT NAME: Richard Mahoney PHONE (A/C, No, Ext): 781-933-0076 FAX (A/C, No): E-MAIL ADDRESS: |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Philadelphia Insurance Co. | | |
| INSURER B: Pilgrim Ins Company | | |
| INSURER C: Wesco Insurance Co. | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

| | |
|-----------------------------------------------------------------------------------------------|--|
| INSURED Schools For Children, Inc. 8 Winchester Place Suite 202 Winchester, MA 01890 | |
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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: | | | PHPK1678933 | 07/01/2018 | 07/01/2019 | 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 - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CSC00001003123 | 07/01/2018 | 07/01/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000 | | | PHUB591694 | 07/01/2018 | 07/01/2019 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below | | | WWC3360603 | 07/01/2018 | 07/01/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Sexual/Physical Abuse/Molestation | | | PHPK1678933 | 07/01/2018 | 07/01/2019 | Aggregate \$ 2,000,000 Ea Occ \$ 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 included as additional insured with respects to the Lesley Ellis Fundraiser being held at 34 Winter Street, Arlington, MA - 3/25/2019.

CERTIFICATE HOLDER

CANCELLATION

| | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARLNG4 Town of Arlington Office of the Town Manager 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 |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACORD 25 (2016/03)

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