### OFFICE OF THE BOARD OF SELECTMEN



# TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

### SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:
Cathy Cabrera
Address, phone & e-mail contact information:
8 Reed Street Terrace, Cambridge, Ma. 02140, 617-388-4454, cathycab@gmail.com
Name & address of Organization for which license is sought:
Something Savory, 1337 Mass. Ave. #235, Arlington, Ma. 02476
Does this Organization hold nonprofit status under the IRS Code? YesX_ No
Name of Responsible Manager of Organization (if different from above):
Jodi Auerbach
Address, phone & e-mail contact information:
617-549-2599, jodi@somethingsavory.com
Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? 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:
617-549-2599

Title of Event:		Yen	
Bar Mitzvah	7.3		
Date/time of Event:		8	2 N
_Sunday, March 31, 2019, 1:00 pm - 4:30 pm_		- <u>18</u>	
Location of Event:	8	¥1.	
Arlington Town Hall			
Location/Event Coordinator:			
Patsy Kraemer/Vicki Rose	is to		
Method(s) of invitation/publicity for Event:		2	
invitation		-8	
Number of people expected to attend:			**
80		4	
Expected admission/ticket prices:	a .		
N/A	1 , 5		
Expected prices for food and beverages (alcoho	lic and non-alcoholic	):	
N/A			
Will persons under age 21 be on premises?  yes	= = 1	* 1	
If "yes," please detail plan to prevent access of	minors to alcoholic b	everages.	* 9
Bartender will check ID's	· Lang		
Have you consulted with the Department of PolYES	ice Services about yo	our security plan	for the Event?

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
Printed name/title
POLICE COMMENTS:
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/appetizers/dessert, sodas/waters
Who will be responsible for serving alcoholic beverages at the Event?
Something Savory 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:	5 6 °
Sat. 3/30/2019	
Alcohol Serving Time (s):	
1:00 pm - 4:00 pm	
How, when, and by whom will excess alcoholic beverages obtain	ed for the Event be disposed of?
Family will take excess alcohol assuming small amount.	
Date of Pick-Up:	
N/A	e
Please provide details (insurance company, type of policy, name of relevant insurance coverage for the Event, included but not limite Liability insurance. (You may be asked to supply a certificate or coverage.)	d to General Liability and Liquor
ATTACHED	2
Please submit this completed form and filing fee to at least 21 days before your Event. Failure to information may delay the processing of your HAVE READ AND UNDERSTAND ALL RULES AND	o provide complete our application.
Signature:	
Printed name Cathy Cabrera	
Printed title & Organization name:	ø .
Email: cathycab@gmail.com	



#### ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

27 February 2019

#### SECURITY PLAN FOR CABRERA BAR MITZVAH PARTY

A Bar Mitzvah party will be held on Sunday, March 31, 2019, in the auditorium at Arlington Town Hall. The event is scheduled for 1:00 am to 430 pm.

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

This is the Security Plan.

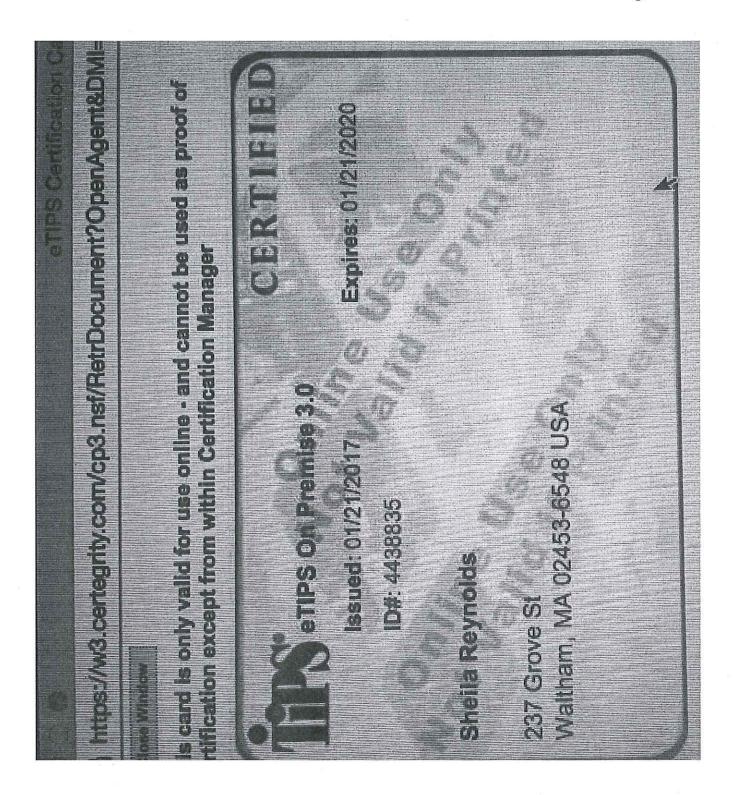
We anticipate approximately 80 people to attend.

Eileen Messina will be the event coordinator for the event. Food service and bar service will be provided by Something Savory Catering. Greg Stathopoulos will be the custodian for the event. The Cabrera 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.

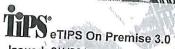
Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

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



# / 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



CERTIFIED

Issued: 2/1/2018 ID#: 4720949

Expires: 2/1/2021

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).

PROI	DUCER				CONTACT Ashlee Espinosa					
T. E	dmund Garrity & Co., Inc.				PHONE (A/C, No, Ext): (617) 354-4640 FAX (A/C, No): (617) 354-5828					
545	Concord Avenue, Suite 16				E-MAIL ADDRESS: ashlee@garrity-insurance.com					
					INSURER(S) AFFORDING COVERAGE					NAIC#
Cambridge MA 02138					INSURER A: Travelers Indemnity Co CT				25682	
INSURED					INSURER B: AIM MUTUAL INS CO					
Jodi Auerbach, DBA: Something Savory					INSURER C: Hospitality Mutual					
	1337 Massachusetts Ave #237				INSURER D :					
					INSURER E : "					
	Arlington			MA 02476	INSURER F:					
COV	ERAGES CER	TIFIC	ATE	NUMBER: Master COI 20						
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									
CE	DICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTA CLUSIONS AND CONDITIONS OF SUCH PO	IN, Th	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBEI	D HEREIN IS SI			
INSR LTR		ADDL	SUBR		TALDOO	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	c	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		4.00	0.000
	CLAIMS-MADE OCCUR				1			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	
								MED EXP (Any one person)	s 5,000	)
Α				6607B769370		04/20/2018	04/20/2019	PERSONAL & ADV INJURY	s 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,000	0,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000
	OTHER:							TROBUSTO COMITTOT ACC	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANYAUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS CINEY AUTOS CINEY							(Fer accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$							ACCRECATE	\$	
	WORKERS COMPENSATION	PENSATION						➤ PER STATUTE OTH-	Ų.	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE	52122							\$ 100,000	
В	OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)	N/A		AWC40070360032019A		01/10/2019	01/10/2020	E.L. DISEASE - EA EMPLOYEE	s 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 500,000	
								Per Occurance	1,000	and the same
С	Liquor Liability			00061130LL		12/16/2018	12/16/2019			
								Aggregate	2,00	0,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)		3300	
Tow	n of Arlington is listed as additional insured f	or ger	neral l	iability and liquor liability.						
										-
CEF	TIFICATE HOLDER				CANC	ELLATION				
								SCRIBED POLICIES BE CAN		BEFORE
Town of Arlington						H THE POLICY	, NOTICE WILL BE DELIVER PROVISIONS.	EDIN		
Town or allington										1.500.0000.000
	AUTHORIZED REPRESENTATIVE									
Arlington MA						1	1-nus			
	7 tillington			IMA			6	20975		1