

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Patsy Kraemer, Arlington Garden Club, (Friends of Robbins Town Gardens, Arlington Events, Arlington Historical Commission, Dallin Museum - co-sponsors)

Address, phone & e-mail contact information:

85 Columbia Rd., Arlington, Ma. 02484 781-858-8629
pkraemer@town.arlington.ma.us

Name & address of Organization for which license is sought:

same

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

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

Beaujolais Catering , Michelle Noska

Address, phone & e-mail contact information:

207 Broadway, Arlington, Ma. michelle@beaujolaiscatering.com

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?

one time event

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

617-519-6081

Title of Event:

Garden Party for Restoration of Reflecting Pool

Date/time of Event:

Saturday, May 18, 2019 6:30 - 9:30 pm

Location of Event:

Arlington Town Hall /Robbins Town Garden

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation/public notice/social media

Number of people expected to attend:

Expected admission/ticket prices:

\$25 in advance/ \$30 at door

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

\$7 wine/beer, no charge for waters/sodas

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.

Det. Corey F. Rafeau Date 4-24-19
Det. Corey F. Rafeau
Printed name/title

POLICE COMMENTS:

Police safety detail should be requested if attendance is 150+

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 and savory tapas, sodas/waters

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

Beaujolais Catering

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

Date of Delivery:

Saturday, May 18, 2019

Alcohol Serving Time (s):

6:30 pm - 9:00 pm

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

Committee will distribute alcohol to individual 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 Patsy Kraemer

Printed title & Organization name: Party Committee Chair, Arlington Garden Club

Email: pkraemer@town.arlington.ma.us



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

23 April 2019

SECURITY PLAN FOR ARLINGTON TOWN GARDENS PARTY
Celebrating the Restoration of the Reflecting Pool

A group of five organizations are co-sponsoring a Garden Party to celebrate the restoration of the reflecting pool in the Robbins Town Gardens. These organizations are the Arlington Garden Club, the Arlington Historical Commission, Arlington Events, the Friends of Robbins Town Gardens, and the Dallin Museum. The Arlington Garden Club is acting as the fiscal conduit for the event and is the lead sponsor. The event will take place on Saturday, May 18, 2019, 6:30 pm – 9:30 pm at the Arlington Town Hall and Robbins Town Gardens. 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 \$25 each; and tickets will be sold at the door for \$30. We anticipate approximately 140 people to attend.

Patsy Kraemer will be the event coordinator for the event. Beaujolais 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 8 volunteers from the sponsoring groups is planning the event 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. A police detail will be hired if the numbers expand.

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.

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

that you have successfully completed the Intervention ProcedureS) program. We value and dedication to the responsible sale, assumption of alcohol.

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

any information you think would PS program, or if we can assist you please contact us at 800-438-8477.

Sincerely,



Adam F. Chafetz
HCI President

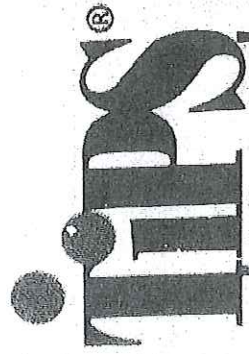
ID#: 4856356 Name: Aldo G De Oliveira
Exam Date: 7/19/2018 Expiration Date: 7/19/2021

TIPS eTIPS On Premise 3.0 **CERTIFIED**

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

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

For service visit us online at www.gettips.com



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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2019

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 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		CONTACT NAME: Commercial Lines	
Prescott and Son Insurance Agency, Inc.		PHONE (A/C, No, Ext): (781) 322-2350	FAX (A/C, No):
963 Eastern Avenue		E-MAIL ADDRESS:	
Malden MA 02148		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: Hartford Insurance Group	
Michelle C Noska		INSURER B: Safety Insurance Co	39454
207a Broadway		INSURER C: Twin City Fire Ins Co	29459
Arlington MA 02474		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1921928590

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"/> PROJECT <input type="checkbox"/> LOC OTHER:			08SBAAA8353	4/9/2019	4/9/2020	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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6227097	1/21/2019	1/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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 \$
C	LIQUOR LIABILITY			08SBAAA8353	4/9/2019	4/9/2020	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 as additional Insured

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington
730 Mass Ave
Arlington, MA 02474

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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ACORD 25 (2014/01)

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INS025 (201401)