

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: *Andrea Bloch*

Address, phone & e-mail contact information: *45 Salisbury Street, Winchester, MA 01890; 781-729-3370; apbloch@verizon.net*

Name & address of Organization for which license is sought: _____

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

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

Address, phone & e-mail contact information: : *207 Broadway Arlington, MA 02474; 781-646-5408; 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: *781-646-5408*

Title of Event: *Michelle McPadden Bat Mitzvah Party*

Date/time of Event: *June 1, 2019/6pm-10pm*

Location of Event: *Whittemore Robbins House*

Location/Event Coordinator: *Victoria Rose*

Method(s) of invitation/publicity for Event: *mail, email*

Number of people expected to attend: *75-100*

Expected admission/ticket prices: *N/A*

Expected prices for food and beverages (alcoholic and non-alcoholic): *N/A*

Will persons under age 21 be on premises? *YES*

If "yes," please detail plan to prevent access of minors to alcoholic beverages. *Bartenders will follow the rules for alcohol service as instructed through TiPs Certification*

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. Roteau Date *5-2-19*
Off. Corey P. Roteau
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 and Wine*

What types of food and non-alcoholic beverages do you plan to serve at the Event? *See attached Menu.*

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

Aldo G De Oliveira

Kevin Malloy

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.

Bartenders have completed eTIPS on Premise 3.0

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.

Aldo G De Oliveira

Kevin Malloy

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) **Kappy's in Everett, MA**

Date of Delivery: **June 1, 2019**

Alcohol Serving Time (s): **6:00pm-9:30pm**

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Unopened will be picked up by Kappy's service; Opened, unused will be put in the trunk of designated person by the responsible manager.

Date of Pick-Up: **June 3, 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.) **General and Liquor Liability Insurance, TiPS Certificate are included**

**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: **Andrea Bloch**

Printed name: **Andrea Bloch**

Printed title & Organization name: **Michelle McPadden Bat Mitzvah Party**

Email: **apbloch@verizon.net**

Andrea Bloch
Michelle McPadden Bat Mitzvah
45 Salisbury Street Winchester, MA 01890
apbloch@verizon.net
June 1, 2019

April 17, 2019

A Bat Mitzvah will be held at the Whittemore Robbins House on Saturday, June 1, 2019 from 6:00pm-10:00pm.
Alcohol service will be from 6:00pm-9:30pm.

A Special Alcohol License Application has been submitted to the Select Board.

This is the Security Plan.

We anticipate approximately 70 guests to attend. There will be 10 guests under the age of 21.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Beaujolais Catering Company will be catering the event and will provide the food service and beverage service. Michelle Noska, Responsible Manager and bartenders, Aldo De Oliveira and Kevin Malloy and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in the Whittemore Robbins House parking lot, Robbins Library parking lot and on the side streets, as well as Massachusetts Avenue.

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

• • • C-1010

100% Recycled Paper

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in **STPS On Premier 3.0**
Issued: 07/15/2018
ID: 455336

CERTIFIED
Expires: 07/15/2021

Alto G De Oliveira
Rebeca Costa
98 S Bedford St
Burlington, MA 01803-5179 USA

Date of Birth:

[Redacted]



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

Date of birth

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
963 Eastern Avenue	FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Hartford Insurance Group
	INSURER B: Safety Insurance Co
	INSURER C: Twin City Fire Ins Co
	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> 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	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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