

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Daniel Markarian

Address, phone & e-mail contact information:

51 New Street, Cambridge, Ma. 02138, 617-438-1071, Danielmarkarian@gmail.com

Name & address of Organization for which license is sought:

Brett Henry, Mount Vernon Restaurant, 14 Broadway, Somerville, Ma. 02145

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

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

Brett Henry

Address, phone & e-mail contact information:

617-666-3830 bhenry111@aol.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? No Yes 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:

617-666-3830

Title of Event:

Markarian Wedding

Date/time of Event:

Saturday, June 8, 2019 6:00 pm - 11:30 pm

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend:

140

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.

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
Off. Corey P. Rataeau
Printed name/title

Date 5/20/19

POLICE COMMENTS:

Request one detail if attendance becomes 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?

full dinner/appetizers/dessert, sodas/waters

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

Mount Vernon Restaurant bartenders

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)

Horizon Wholesale Distributors

Date of Delivery:

Sat. 6/8/2019

Alcohol Serving Time (s):

6:00 pm - 11:30 pm

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

The bartending service from Mount Vernon will pick up

Date of Pick-Up:

Mon. 6/10/2019

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 Daniel Markarian

Printed title & Organization name: _____

Email: DanielMarkarian@gmail.com



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

17 May 2019

SECURITY PLAN FOR DANIEL MARKARIAN.

Daniel Markarian and his bride are holding their wedding reception at the Arlington Town Hall on Saturday, June 8, 2019. The event will run from 6:00 pm - 11:00 pm. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 140 people to attend.

Patsy Kraemer will be the event coordinator for the event. Brett Henry, caterer, and the Mt. Vernon Restaurant will provide food and bartending service for the event. Greg Stathopoulos will be the custodian for the event. The Markarian family will be responsible to ensure that the event goes smoothly.

A fire services detail will be hired for the event.

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.

From: Felicia Forgione <felicia.mountvernon@yahoo.com>
To: "PKraemer@town.arlington.ma.us" <PKraemer@town.arlington.ma.us>, Brett Henry <bhenry111@aol.com>
Date: 05/16/2019 03:39 PM
Subject: Brett Henry Catering

Good Afternoon Patsy,

My name is Felicia I work with Brett... Brett wanted me to reach out to you with some information in regards to his event. We are currently waiting on the certificate of liability, we should have it no later than tomorrow. Attached to this email is the serv safe/tip certification along with the information of:
No teens, no children 140 guests
Liquor is provided by United Liquors, MS Walker, and Horizon our whole sale distributors

Any questions please contact me.

Thank you

All the best,

Felicia Forgione
Executive Assistant
Mount Vernon Restaurant
14 Broadway Somerville, MA 02145
Phone Number: 617-666-3830

Attachments:

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,
Sherman Brown
Sherman Brown
Senior Vice President, National Restaurant Association Solutions

ServSafe
National Restaurant Association

ID # 14818066
CARD # 15001703

ServSafe Alcohol® CERTIFICATE

CATHERINE WHITE
NAME
9/29/2017
DATE OF EXAMINATION

NOTE: You can access your score and certification information any time at ServSafe.com with the class number provided on this form. If you have any questions regarding your certification please contact National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

File: IMG_9792.jpg

Size: 2348k (and expires three years from the date of examination. Local laws apply.) Content Type: image/jpeg



This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

Sherrin Brown

Sherrin Brown
Senior Vice President, National Restaurant Association Education

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In Alaska you must laminate your card for it to be valid.



175 West Jackson Boulevard,
Suite 1500
Chicago, IL 60604-2814
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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The Main Event® — Special Event Product

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please detail the losses below.

TYPE OF EVENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Beer garden/Beer tent | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Individual vendor booth |
| <input type="checkbox"/> Car show | <input type="checkbox"/> Motor vehicle race/Show | <input type="checkbox"/> Picnic |
| <input type="checkbox"/> Concerts/Musical performance | <input type="checkbox"/> Competition or shows | <input type="checkbox"/> Sporting event/Tournament |
| <input type="checkbox"/> Conventions/Trade show/Exhibit | <input type="checkbox"/> Parade | <input checked="" type="checkbox"/> Wedding/Wedding reception |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Party/Social event | <input type="checkbox"/> Other (describe): _____ |

Name of applicant: Mount Vernon Cafe, Inc.

(List only one legal & dba name. Do not include "etal", "etc." or other similar wording in the name.)

Describe applicant's role and responsibility in event: Serving Food

Location address: Arlington Town Hall Same as mailing address

City: Arlington State: MA Zip: 02174

Dates of event: 6/14/19 From: 6/14/19 To: 6/14/19

(If one day event, end date should be the same as start date. Quote will contemplate coverage for events continuing past 12:00 AM)

Desired coverage date(s): From: ___/___/___ To: ___/___/___

If event date(s) differs from desired coverage date(s), explain: _____

Is set-up and take-down coverage needed for additional dates? Yes* No

*If "Yes," what are the dates and what will this exposure include? _____

*Will there be any heavy machinery used such as bulldozer's, backhoes, excavators, or any other types of industrial machinery (small forklifts and light machinery are acceptable)? Yes No

Would you like to include a rain date? Yes* No *If "Yes," what date? _____

FULL SCHEDULE/DESCRIPTION AND PURPOSE OF EVENT (Attach copy of brochure, website pages and flyer to this application or include details on all activities taking place): wedding

Will there be any entertainment? Yes* No

*If "Yes," describe and include name of performers and acts: dj

Is there a Web site for this event? Yes* No

*If "Yes," provide Web site address: _____

Name of additional insured: Town of Arlington

Mailing address: 730 Massachusetts Avenue Arlington, MA 02476

Additional insured's interest in event: _____

Coverage desired:

Commercial general liability and liquor liability Commercial general liability only Liquor liability only

Limits of coverage desired: _____

COMMERCIAL GENERAL LIABILITY

ESTIMATED TOTAL ATTENDEES PER DAY: 140

If applicant is an individual exhibitor/vendor, what is the estimated attendees per day anticipated to visit their booth? _____

Average age of attendees: _____

LIQUOR LIABILITY (IF COVERAGE IS DESIRED)

Hours of event: From: _____ AM/PM To: _____ AM/PM

If hours vary by date, describe: _____

ESTIMATED NUMBER OF ATTENDEES CONSUMING ALCOHOL DAILY: 140

Is the applicant in the business of selling, serving or furnishing alcoholic beverages? Yes No

Is the applicant required to have a liquor license for the event (excluding licenses that are restricted to a host liquor exposure where event sales are not for personal monetary gain)? Yes No

II. HISTORY

1. Previous carrier: NIA Policy number: _____
2. Losses or claims during the past five years: _____

III. LIQUOR LIABILITY

- 1. a. Is applicant the sole vendor/server of alcohol at event? Yes No*
 *If "No," list number of other vendors/servers serving alcohol: MS Walker, Horizon, United, Burke
- b. If there are multiple vendors, are all participating alcohol vendors/servers required to carry liquor liability limits for the event equal to or greater than our applicant? Yes No
- 2. Will alcohol be dispensed by a professional bartender or server that has taken a formal alcohol awareness training course? Yes No
- 3. Will alcohol be sold by applicant? Yes No
- 4. Is BYOB (Bring Your Own Bottle) or self-service of alcohol permitted? Yes No

IV. COMMERCIAL GENERAL LIABILITY

- 1. Will event feature any of the following:
 - a. Mechanical rides/devices? Yes No
 - b. Moon bounce, rock climbing wall, trampoline or similar rebounding devices, petting zoo or animal rides? Yes* No
 *(Please Note: Our policy specifically excludes injuries arising from moon bounces, trampolines, rock walls, petting zoos and pony rides).
 - c. Firearms or fireworks? Yes No
 - d. Overnight camping? Yes No
 - e. Water hazards? Yes* No
 *If "Yes," describe: _____
 Will attendees be permitted to swim, boat, jet ski or fish? Yes No
 *If "Yes," describe: _____
- 2. Will the event use exhibitors, vendors, performers, contractors, sub-contractors or independent contractors? Yes* No
 *(Please note, injuries arising from exhibitors, vendors, performers, contractors, sub-contractors or independent contractors are excluded from our policy).
- 3. a. Describe security measures: _____
 b. If security is provided by independent contractors, are they required to carry their own insurance? N/A Yes No
- 4. If this is a CONCERT/MUSICAL EVENT, complete below: (Please note, coverage for injury to performers and entertainers is excluded from our policy).
 a. Name(s) of performer(s): _____ Describe type of music: _____
 b. Performers are: Local National
 c. Will pyrotechnics be featured? Yes No
 d. Any special effects? Yes* No
 *If "Yes," describe: _____
- 5. If this is a PARADE EVENT, complete below: (Please note, coverage for injury to parade participants is excluded from our policy).
 a. Has parade route been approved by local authorities and will route be secured by police? Yes No*
 *If "No," explain: _____
 b. Are parade participants permitted to throw souvenirs, candy or other items into the crowd? Yes No
 c. Describe parade route from start to finish: _____
- 6. If this is an ATHLETIC EVENT, complete below: (Please note, coverage for injury to athletic participants is excluded from our policy).
 a. Describe athletic event: _____ b. Professional or Amateur
- 7. If this is a MOTOR VEHICLE RACE, RODEO, TRACTOR PULL OR TRUCK SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy).
 a. Is the venue designed specifically for this type of activity? Yes No
 b. Are metal or concrete barriers in place to ensure spectator safety? Yes No*
 *If no, describe: _____
 c. Are the barriers permanent? Yes No
 d. How high are the barriers? _____ What is the distance between the barriers and spectators? _____
 e. Are spectators ever permitted in the pit or infield area? Yes No
 f. If this is a rodeo, are the transfer areas between animal pens and the competition restricted from the general public? Yes No
 g. Will the event feature audience participation (i.e. calf scrambles)? Yes No

8. If this is a HEALTH FAIR/CONVENTION, complete below:
- a. Will the event feature any medical or health treatment? Yes No
9. If this is a CAR SHOW/MOTOR VEHICLE SHOW, complete below: (Please note, coverage for injury to participants is excluded from our policy)
- a. Do vehicles remain stationary throughout the show with the engines off? Yes No
- b. Will the event feature burnouts, drag races or flame throwing? Yes No

V. ADDITIONAL APPLICANT INFORMATION

Form of business: Individual Corporation Partnership LLC Other _____

Applicant's mailing address: 14 Broadway Somerville (if different than the location address above)

City: Somerville State: MA Zip: 02145

E-mail address of primary contact: felicia.mountraman@yahoo.com Phone: 617-666-3830

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: *Ernie Henry* Title: Manager Date: 5/29/2019

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____