

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: *Lisa Deutsch*

Address, phone & e-mail contact information: *7 Wainwright Road Unit 108, Winchester, MA 01890; 781-721-1108; lineall@aol.com*

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: *781-721-1108*

Title of Event: *Lois Lineal 90th Birthday Celebration*

Date/time of Event: *June 15, 2019/1pm-9pm*

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: *50-60 guests*

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.

Ofc Corey P. Ratican
Ofc Corey P. Ratican
Printed name/title

Date *5-30-19*

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 15, 2019**

Alcohol Serving Time (s): **3:00pm-7:30pm**

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 17, 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: **Lisa Deutsch**

Printed name: **Lisa Deutsch**

Printed title & Organization name: **Lois Lineal 90th Birthday Celebration**

Email: **lineal1@aol.com**

Lisa Deutsch
Lois Lineal 90th Birthday Celebration
June 15, 2019

May 21, 2019

A 90th Birthday Celebration will be held at the Whittemore Robbins House on Saturday, June 15, 2019 from 3:00pm-8:00pm.
Alcohol service will be from 3:00pm-7:30pm.

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

This is the Security Plan.

We anticipate approximately 60 guests to attend. There will be 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.

is not a valid certification of origin

CERTIFICATE

inPS
• TIPS On Premises 3.0

CERTIFIED

Issued: 07/10/2015
ID: 485356

Expires: 07/10/2017

Aldo G De Oliveira
Rebeca Costa
98 S Bedford St
Burlington, MA 01803-5175 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 Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148		CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Michelle C Noska 207a Broadway Arlington MA 02474		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:	
		NAIC # 39454 29459	

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			08SBAAA8353	4/9/2019	4/9/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Liquor Liability	\$ 1,000,000
B	AUTOMOBILE LIABILITY			6227097	1/21/2019	1/21/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						Medical payments	\$ 5,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
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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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH**



**FOOD OPERATOR
TEMPORARY PERMIT**

Permit No...022...

Date: June 15, 2019

In accordance with regulations promulgated under authority of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws a permit is hereby granted to:

Beaujolaais Catering LLC

207 Broadway, Arlington, MA 02474

PIC: Michelle Noska

To operate a:

- ☐ **Retail Food Establishment**
- ☐ **Food Service Establishment**
- ☐ **Catering Establishment**
- ☐ **Mobile Food Server**
- ☒ **Temporary**

Event Located at:

Robbins House, 630R Mass Ave

Menu includes:

Stuffed mushrooms; Thai shrimp skewers with chili lime basil dip; brown sugar chicken bites with roasted red pepper chevre dip; pigs in a blanket with ketchup and mustard; warm artichoke dip with fresh and toasted pita; baked brie with cranberry chutney and spiced pecans with sliced baguette; crudite; mesclun salad with strawberries, spiced pecans, gorgonzola and maple balsamic and red wine vinaigrettes; Iggy's rolls; grilled salmon topped with mango salsa; Greek beef kabobs with onion and peppers; vegetarian entrée; garlic rosemary roasted red bliss potatoes; lemon zested haricots verts; sliced watermelon.

Permit Expires6/16/2019...

Fee: \$25

Natasha Waden

**Natasha Waden
Director of Public Health**

Lisa Deutsch Menu

Stuffed Mushrooms

Thai Shrimp Skewers with Chili Lime Basil Dip

Brown Sugar Chicken Bites with Roasted Red Pepper Chevre Dip

Pigs in a Blanket with Ketchup and Mustard to dip

Warm Artichoke Dip with Fresh and Toasted Pita

Baked Brie with Cranberry Chutney and Spiced Pecans served with Sliced Baguette

Crudit  with two dips for 25

Mesclun with Strawberries, Spiced Pecans, Gorgonzola

and Maple Balsamic and Red Wine Vinaigrettes

Iggy's Rolls and Butter

Grilled Salmon Topped with Mango Salsa

Greek Beef Kabobs with Onion and Peppers

Vegetarian Entrees TBD

Garlic Rosemary Roasted Red Bliss Potatoes

Lemon Zested Haricots Verts

Cake

Sliced Watermelon

Sundae Bar

Includes two flavors of Ice Cream and a small sorbet

With

Hot Fudge Sauce & Hot Caramel Sauce

Whipped Cream

Sprinkles

Oreo Cookies

Chocolate Chips

Gummy Bears

Mini Marshmallows

M&M's

Maraschino Cherries