

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: *Jodi Kurtz*

Address, phone & e-mail contact information: *47 Hilton Street, Arlington, MA 02474; 781-879-6509; jodikurtz@gmail.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): *Lauren Lichtel*

Address, phone & e-mail contact information:

Precious Moments by Lauren

10 Patriot Rd Burlington MA 01803

339.368.0405

LaurenPMbL@gmail.com

www.preciousmomentsbylauren.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:

Title of Event: *Bat Mitzvah for Anna-Sophia Kurtz*

Date/time of Event: *June 22, 2019*

Location of Event: *Whittemore Robbins House*

Location/Event Coordinator: *Victoria Rose*

Method(s) of invitation/publicity for Event: *private invitation*

Number of people expected to attend: *150 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.

Off. Corey P. Rataeau Date *5-30-19*
Off. Corey P. Rataeau
Printed name/title

POLICE COMMENTS:

Detail requirement waived due to the type of event and number of minors.

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, hard cider and Bourbon*

What types of food and non-alcoholic beverages do you plan to serve at the Event? *Blue Ribbon BBQ will provide the food: Pulled Pork, Pulled Chicken, Cornbread, Macaroni and Cheese.*

Who will be responsible for serving alcoholic beverages at the Event? *Phillip Gendreau from Seed and Sip Bartending Service*

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.

Phillip Gendreau

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 22, 2019***

Alcohol Serving Time (s): ***1pm-3:30pm***

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Opened and unused will be put in the trunk of designated person by the responsible manager.

Date of Pick-Up: ***June 24, 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: ***Jodi Kurtz***

Printed name: **Jodi Kurtz**

Printed title & Organization name: ***Bat Mitzvah for Anna-Sophia Kurtz***

Email: ***jodikurtz@gmail.com***

Jodi Kurtz
47 Hilton Street Arlington, MA 02474
jodikurtz@gmail.com
781-879-6509

May 22, 2019

SECURITY PLAN for Bat Mitzvah at the Whittemore Robbins House

The event is scheduled for Saturday, June 22, 2019 from 1:00pm-4:00pm at the Whittemore Robbins House. The alcohol service will end 30 minutes before the end of the event.

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

This is the Security Plan.

We anticipate approximately 120 guests. 45-50 guests are under the age of 21.

The menu from Blue Ribbon Barbeque includes: Pulled chicken, pulled pork, burnt ends, coleslaw, macaroni&cheese and cornbread. Seed and Sip Bartending Service will provide the beverage service. The bartender, Phillip Gendreau is TiPs certified. All rules regarding alcohol beverage service will be followed as understood from TiPs Certification training by the bartenders. Bar service will begin at 1:00pm and end at 3:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Lauren Lichtel from Precious Moments by Lauren will be the Responsible Manager. Phillip Gendreau, bartender from Seed and Sip Bartending Service will serve the alcohol. All will be 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.



The Global Leader in
Alcohol Server and Seller Training



[Return to Online Course](#)

FOUND RESULTS:

Phillip Gendreau, in North Providence RI USA

Certifications

Course Name	First Trained Date	Last Score	Last Expiration Date	Certification #
eTIPS On Premise 3.0	07/05/2017	92%	07/05/2020	4569025





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/22/2019

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).

PRODUCER AFFILIATED INSURANCE MANAGERS, INC. 935 Jefferson Blvd., Ste. 2001		CONTACT NAME: Susana Leander PHONE (A/C, No, Ext): (401) 352-3000 FAX (A/C, No): (401) 352-0020 E-MAIL ADDRESS: susana@aiminsco.com	
Warwick RI 02886		INSURER(S) AFFORDING COVERAGE	
INSURED Seed and Sip LLC 48 Ambrose Street North Providence RI 02904		INSURER A: Covington Specialty Insurance	NAIC # 13027
		INSURER B: Liberty Mutual Insurance Company	23043
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 18/19 **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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBA53018500	07/12/2018	07/12/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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 \$
B	Inland Marine			BMO1958189471	07/12/2018	07/12/2019	Business Property 20,000 Deductible 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Town of Arlington Mass is included as additional insured when required by written contract or agreement.

Liquor Liability - VBA52999200 - 7/12/18-7/12/19: \$1,000,000 Limit Occurrence
\$1,000,000 Limit Aggregate
\$25,000 Assault & Battery Occurrence
\$25,000 Assault & Battery Aggregate
Blanket Additional Insured Coverage

CERTIFICATE HOLDER

CANCELLATION

The Town of Arlington Mass 730 Massachusetts Ave Arlington MA 02476	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 <i>Susana M. Leander</i>
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