

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Town Day Committee / Marie Krepelka & Kathleen Darcy

Address, phone & e-mail contact information: 730 Massachusetts Avenue, Arlington, MA 02476
mkrepelka@town.arlington.ma.us 781-316-3022

Name & address of Organization for which license is sought: Town Day Committee
Marie Krepelka & Kathleen Darcy

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

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

Address, phone & e-mail contact information: 730 Massachusetts Avenue, Arlington, MA 02476
mkrepelka@town.arlington.ma.us 781-316-3022

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?

Yes, 9/15/2018 Town Day

24-Hour contact number for Responsible Manager of Alcohol Event date: 781-572-6356

Title of Event: Arlington Town Day

Date/time of Event: September 14, 2019 11:00 AM - 3:00 PM

Location of Event: David Lamson Way

Location/Event Coordinator: Marie Krepelka / Kathleen Darcy

Method(s) of invitation/publicity for Event: Town Day Publicity

Number of people expected to attend: 200

Expected admission/ticket prices: Free

Expected prices for food and beverages (alcoholic and non-alcoholic): \$7 - \$8 / Beer

Will persons under age 21 be on premises? Yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

See attached security plan

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 P. Rataean Date 7-10-19
Det. Corey P. Rataean
Printed name/title

POLICE COMMENTS:

Two safety details should be requested. This should be an outside detail separate from the regular town day assignment.

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 Cider

What types of food and non-alcoholic beverages do you plan to serve at the Event? _____

Food purchased through Town Day vendors

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

Bartenders from Aeronaut Brewery

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.

Ronn Friedlander, _____

Daniel Rassi _____

Michael Yim, _____

Eleftherios Theodosiou, _____

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Aeronaut Brewing Co.

Date of Delivery: September 14, 2019

Alcohol Serving Time (s): 11:00 AM

3:00 PM

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

Returned to Aeronaut Brewing Co. by Aeronaut Staff

Date of Pick-Up: September 14, 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.) See Attached Certificate of Insurance

**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: _____

Printed name: Marie A. Krepelka

Printed title & Organization name: Arlington Town Day Committee Chair

Email: mkrepelka@town.arlington.ma.us



eTIPS On Premise 3.0

CERTIFIED

Issued: 5/27/2018

Expires: 5/27/2021

ID#: 4811138

Daniel Rassi

Aeronaut Brewing Co.

Somerville

14 Tyler St

Somerville, MA 02143-3224

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2019

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 Fred C. Church Insurance 41 Wellman Street Lowell MA 01851		CONTACT NAME: Susan Merriam PHONE (A/C No, Ext): 800-225-1865 FAX (A/C No): 978-454-1865 E-MAIL ADDRESS: smerriam@fredchurch.com	
INSURED TBD Brewing LLC DBA Aeronaut Brewing Co. 14 Tyler Street Somerville MA 02143		INSURER(S) AFFORDING COVERAGE	
TDBREW-01		INSURER A: Philadelphia Indemnity Insurance Company	
		INSURER B: Hartford Fire Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1270406741

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:			PHPK1890572	10/8/2018	10/8/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1890569	10/8/2018	10/8/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 20,000 BODILY INJURY (Per accident) \$ 40,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB650088	10/8/2018	10/8/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	08WECCP9011	3/15/2019	3/15/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Liquor Liability			PHPK1890572	10/8/2018	10/8/2019	Each Claim \$1,000,000 General Aggregate \$2,000,000

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

Town of Arlington is an additional insured if required by written contract for the Aeronaut Arlington 2019 event to be held all Saturdays from June 1-September 30, 2019 (Rain dates on Sundays). Location: Whittemore Park 611 Massachusetts Avenue, Arlington, MA 02474

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington
730 Massachusetts Avenue
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

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TOWN OF ARLINGTON

MASSACHUSETTS 02476

781 - 316 - 3090

DEPARTMENT OF PLANNING &
COMMUNITY DEVELOPMENT

MEMORANDUM

To: Adam Chapdelaine, Town Manager
Cc: Jennifer Raitt, Director, Department of Planning and Community Development
From: Ali Carter, Economic Development Coordinator
Date: July 8, 2019
Re: Aeronaut Beer Garden at David Lamson Way for Arlington Town Day 2019

On Town Day 2019, which this year lands on September 14th, Aeronaut Brewing Company is proposing to locate a beer garden on David Lamson Way.

Operations: Aeronaut will arrive at 9 am to set up and will operate the beer garden from 11 am-3 pm.

Security Plan: Access to the beer garden will be restricted to an entrance on Mass Ave. There will be an Aeronaut Brewery staff person who is trained to check identification stationed inside of the beer garden. Aeronaut will have TIPS-certified beer servers, and will always have at least one Crowd Control certified member of staff on duty. Children under the age of 21 will only be allowed into the beer garden under the supervision of a parent or guardian. After identification is checked, beer garden patrons who are 21 years of age or older will be given a wristband. Per ABCC regulations, each wristband-wearing patron will only be allowed to purchase 2 drinks at a time. Aeronaut staff will be stationed at the exit to assure that no one leaves the beer garden with any alcoholic beverages; all beers must be consumed inside the beer garden. A sign will be posted stating that no outside beverages are allowed inside the beer garden. Aeronaut Brewing Company has a successful track record of hosting public events in Arlington (Whittemore Park 2018, 2019; Town Day 2017, 2018; and Old Schwamb Mill's Oktoberfest 2017, 2018) and in surrounding communities. Aeronaut will secure liquor liability insurance with the Town named as additional insured in the amount of \$1,000,000.

Arlington Town Day Beer Garden David Lamson Way, Fall 2019



Revised: 6/7/2019

- ★ Volunteer
- Fencing
- Table w/chairs
- Trash Bin
- Recycle Bin
- Vendor Booth
- X Remove Booth
- P Police

