

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant:

Arlington Historical Society, Stuart Brorson, President

Address, phone & e-mail contact information:

7 Jason Street, Arlington, Ma. 914, 589, 9820 brorson@theworld.com

Name & address of Organization for which license is sought:

Menotomy Tavern & Grill, 25 Mass. Ave., Arlington

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

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

Tom Carroll, Events Manager

Address, phone & e-mail contact information:

25 Mass. Ave., Arlington, 781-648-1775, events@menotomygrill.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☒ yes ☐ no If so, please give date(s) of Special Licenses and/or applications and title of event(s).

October 2018

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

annual event

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

781-808-1383

Title of Event:

Fundraising Cocktail Party

Date/time of Event:

Friday, October 4, 2019, 6:00 pm - 9:00 pm

Location of Event:

Jason Russell House/Smith Museum,

Location/Event Coordinator:

Patsy Kraemer

Method(s) of invitation/publicity for Event:

membership invitation, social media publicity

Number of people expected to attend:

120 - 140

Expected admission/ticket prices:

\$30

Expected prices for food and beverages (alcoholic and non-alcoholic):

\$8 for beer and wine

Will persons under age 21 be on premises?

no

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. Roteau Date 8-27-19  
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/wine

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

savory tapas, /dessert, sodas/waters

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

bartending staff, Menotomy Tavern & Grill caterers

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](http://www.mass.gov/abcc))

Horizon Beverage Co., Norwood Ma.

Date of Delivery:

Fri., October 4, 2019

Alcohol Serving Time (s):

6:00 pm - 9:00 pm

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

Menotomy Tavern will take excess beverages and committee members will take some of the leftovers also.

Date of Pick-Up:

October 4, 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 Stuart Brorson

Printed title & Organization name: President Arlington Historical Society

Email: sbrorson@theworld.com



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

21 August 2019

SECURITY PLAN FOR ARLINGTON HISTORICAL SOCIETY FUNDRAISER

The Arlington Historical Society is sponsoring a fundraiser cocktail event on Friday, October 4, 2019, , 6:00 pm – 9:00 pm at the Jason Russell House and Smith Museum. A One-Day Permit has been submitted to the Select Board's Office.

This is the Security Plan.

The Arlington Historical Society is sponsoring this event. Menotomy Tavern will be providing food and bartending services for the cocktail party. Tickets for both the event and for the alcohol drinks will be sold.

We anticipate approximately 120 - 140 people to attend.

Patsy Kraemer and Tom Carroll (from Menotomy Tavern) will be the event coordinators for the event.

A committee of the Society Board is responsible for the smooth running of the event.

A fire services detail will be hired for the event.

Parking for the event will be available in the rear of the Jason Russell House and on the adjoining streets.

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



# Certificate of Completion

This Certificate of Completion of  
**eTIPS On Premise 3.0**  
For coursework completed on February 25, 2018  
provided by Health Communications, Inc.  
is hereby granted to:

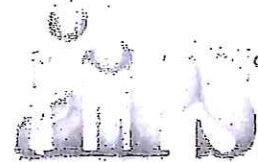
**Peter Walsh**

Certification to be sent to:

**Peter Walsh, Arlington  
25 Massachusetts Ave  
Arlington MA, 02474-8602 USA**

HEALTH COMMUNICATIONS, INC.

This document is a proof of TIPS certification. It signifies that you have completed the course. Valid certification document for use in the workplace.



RETURN TO THE PORTAL

PRINT CERTIFICATE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/20/2019

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).

<b>PRODUCER</b> Quinn Group Insurance Agency, Inc. 223 Massachusetts Ave.  Arlington MA 02474		<b>CONTACT NAME:</b> Ted Ward <b>PHONE (A/C, No, Ext):</b> (781) 483-3248 <b>FAX (A/C, No):</b> (781) 641-3223 <b>E-MAIL ADDRESS:</b> ted@quinninsurance.com	
<b>INSURED</b>  MENOTOMY GRILL LLC 25 MASSACHUSETTS AVENUE  ARLINGTON MA 02474		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Norfolk And Dedham Group PL <b>INSURER B:</b> Graphic Arts <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 23965 25984	

## COVERAGES

CERTIFICATE NUMBER: CL1982012615

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			R1842832A	10/05/2018	10/05/2019	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			5086100	10/05/2021		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			U1808334A	10/05/2018	10/05/2019	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WE188367A	10/05/2018	10/05/2019	PER STATUTE \$
			OTH-ER \$				
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
A	Liquor Liability			R1842832A	10/05/2018	10/05/2020	E.L. DISEASE - POLICY LIMIT \$ 500,000
							Occurance 1,000,000
							Aggregate 2,000,000

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

Date/Description of Event:  
Friday, October 4, 2019  
Arlington Historical Society Wine Event  
Jason Russell House, Arlington, MA 02476

## CERTIFICATE HOLDER

Town Of Arlington 730 Massachusetts Ave  Arlington MA 02476
--

## CANCELLATION

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  