

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: *Diana Filar and Scott Whitener*

Address, phone & e-mail contact information: *34 Putnam Street #1, Somerville, MA 02143; 203-232-0161; Diana.filar@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): *Kim Livesay*

Address, phone & e-mail contact information: *Cava Catering & Events LLC 179 W Central St Suite #2, Natick, MA 01760; P: (978) 290-3095; E: kim@cavacatering.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: *(978) 290-3095*

Title of Event: *Wedding Reception*

Date/time of Event: *September 22, 2019/ 5:00-11:00*

Location of Event: *Robbins Library Reading Room*

Location/Event Coordinator: *Victoria Rose*

Method(s) of invitation/publicity for Event: *mail, email*

Number of people expected to attend: *70- 80 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, there will be a 14 year old and a 16 year old.*

If "yes," please detail plan to prevent access of minors to alcoholic beverages. *The bartenders will follow the rules of 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.

Det. Corey P. Roten Date *9-5-19*
Det. Corey P. Roten
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 and Wine and Liquor.*

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

Passed Hors D'oeuvres | 4 Varities
Spicy Beef Empanadas | spicy southwest sauce
Coconut Chicken Bites | pina colada dipping sauce
Butternut Squash Soup Shooters - Vegetarian and GF
Stuffed Mushrooms | three cheese and walnut stuffing - GF

Table Hors D'oeuvres

Charcuterie Board | variety of gourmet cheese selections, cured meats, rosemary sprig garnish, marinated olives and mushrooms, grapes, dried fruit, candied nuts, fig jam toasted baguette, assorted crackers and GF crackers

Dinner: Fall Harvest Buffet

Grilled Steak Tips | caramelized onions and sautéed mushrooms
Slow Braised Chicken | garlic, artichoke hearts, sun dried tomatoes, sherried wine sauce
Butternut Squash Ravioli | sage buerre blanc
Roasted Root Vegetables | butternut squash, fingerling potatoes, carrots, parsnips, red onion brussel sprouts
Crisp Apple Salad | arugula, dried cranberries, diced apples, gorgonzola and honey balsamic dressing
Crusty Rolls and Butter

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

Staffing to be determined. See list of possible bartenders. Dates of birth for assigned staff to follow.

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.

To be determined.

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: *September 22, 2019*

Alcohol Serving Time (s): *5:30pm-10:30pm*

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: *September 23, 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: *Diana Filar*

Printed name: *Diana Filar*

Printed title & Organization name: *Wedding Ceremony and Reception for Diana Filar and Scott Whitener*

Email: *Diana.filar@gmail.com*

*Diana Filar and Scott Whitener
Wedding Ceremony and Reception
Whittemore Robbins House
Robbins Library Reading Room
September 22, 2019*

September 4, 2019

A Wedding Ceremony and Reception will be held at the Whittemore Robbins House and the Robbins Library Reading Room on Sunday, September 22, 2019 from 5:00pm-11:00pm
Alcohol service will be from 5:30pm-10:30pm.

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

This is the Security Plan.

We anticipate approximately 80 guests to attend. There will be two guests under the age of 21, a 14 year old and a 16 year old.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House and the Robbins Library Reading Room. Cava Catering Company will be catering the event and will provide the food service. Kim Livesay, Responsible Manager and bartenders from Cocktails LLC 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.

ACORDTM

Client#: 28845

CAVCA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2019

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 Sullivan Insurance Group, Inc. 1 Mercantile Street Suite 710 Worcester, MA 01608		CONTACT NAME: K. Hanscom PHONE (A/C, No, Ext): 508 791-2241 FAX (A/C, No): 508 797-3689 E-MAIL ADDRESS: khanscom@sullivangroup.com															
INSURED Cava Catering & Events LLC 179 W. Central Street Suite 2 Natick, MA 01760		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The Hartford</td> <td></td> </tr> <tr> <td>INSURER B : Commerce Insurance Company</td> <td>37454</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Hartford		INSURER B : Commerce Insurance Company	37454	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		08SBAAA2425	10/30/2018	10/30/2019	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)
						\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$5,000
						PERSONAL & ADV INJURY
						\$1,000,000
						GENERAL AGGREGATE
						\$2,000,000
						PRODUCTS - COMP/OP AGG
						\$
B	AUTOMOBILE LIABILITY		BCTD84	05/10/2019	05/10/2020	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO					\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				BODILY INJURY (Per person)
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				\$
	DED	RETENTION \$				BODILY INJURY (Per accident)
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PROPERTY DAMAGE (Per accident)
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$
						E.L. EACH ACCIDENT
						\$
						E.L. DISEASE - EA EMPLOYEE
						\$
						E.L. DISEASE - POLICY LIMIT
						\$

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

Event: September 22, 2019; Certificate Holder is listed as Additional Insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Town of Arlington 27 Maple Street 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>John T. O'Connell</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2019

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 Kaplansky Insurance 253 Washington St Weymouth MA 02188	CONTACT NAME:	FAX (A/C, No): 781-340-1817	
	PHONE (A/C, No, Ext): 781-331-5200	E-MAIL ADDRESS: commercial@kaplansky.com	
INSURED Cocktails, LLC c/o Jim Dentremon 5 Nanset Rd Weymouth MA 02191	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Mount Vernon Fire Insurance Company		
	INSURER B: United States Liability Insurance		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1278038325**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 <input checked="" type="checkbox"/> ** See Below GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CL2652807E	12/18/2018	12/18/2019	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 \$
	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		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	Liquor Liability			CL1634026E	12/18/2018	12/18/2019	Per Person Limit 1,000,000 Per Accident Limit 1,000,000 Aggregate Limit 1,000,000

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

Re: Catering and Bartending Services

The certificate holder is an additional insured as respects general liability if required by written agreement with the insured per company form L-723 0209.

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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card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.



eTIPS On Premise 3.0

SSN:

XXX-XX-XXXX

Issued:

10/14/2016

Expires:

10/14/2019

ID#:

4377039

D.O.B.:

XXXXXXXXXX

Kim Pecorella
51 Murphy Rd
Hudson, MA 01749-3211

For service visit us online at www.gettips.com