

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Pam SHAWLEY

Address, phone & e-mail contact information: 20 Academy Street, Arlington, MA;
617-872-5143; pam@acarts.org

Name & address of Organization for which license is sought: ARLINGTON CENTER FOR THE ARTS

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

Name of Responsible Manager of Organization (if different from above):
MICHELLE NOSKA, BEAUJOLAIS CATERING

Address, phone & e-mail contact information: 207 BROADWAY, ARLINGTON, MA; 617-519-6081; 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?

NO

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-519-6081

Title of Event: PLAYER

Date/time of Event: FRIDAY, SEPT. 27, 2019 7:00 p.m.

Location of Event: ARLINGTON CENTER FOR THE ARTS, 20 ACADEMY STREET, ARLINGTON, MA

Location/Event Coordinator: Pam SHAWLEY

Method(s) of invitation/publicity for Event: U/A

Number of people expected to attend: 24

Expected admission/ticket prices: U/A

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

Will persons under age 21 be on premises? No

If "yes," please detail plan to prevent access of minors to alcoholic beverages. U/A

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 J. Rotteau Date 9-5-19
Det. Corey J. Rotteau
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?

APPETIZERS & DESSERTS w/ COFFEE

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

ALDO D'OLIVERA

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.

Aldo D'Oliveria

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Kappy's Medford

Date of Delivery: Fri 9/27/19

Alcohol Serving Time (s): 7-9

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

Kappy's to pick up

Date of Pick-Up: Mon 9/30/19

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.) 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:

Printed name:

PAMELA Shanley

Printed title & Organization name:

Arlington Center for Arts

Email:

pam@acarts.org



Judy and Brian Player Anniversary Party

- Arlington Center for the Arts
- 20 Academy Street, Arlington, MA 02476
- pam@acarts.org

September 27, 2019

- A private anniversary party will be held at the Arlington Center for the Arts,
- Friday, September 27, 2019 from 7pm to 9pm.
- Alcohol service will be from 7pm to 9pm.
- A Special Alcohol License application has been submitted to the Select Board.

This is the security plan.

- We anticipate approximately 30 guests to attend. There will not be guests under the age of 21.
- Pamela Shanley, Operations Manager, for the Arlington Center for the Arts will be on site to monitor the facility use of the Arlington Center for the Arts.
- 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 Pam Shanley the Operations Manager are all responsible for ensuring the event runs smoothly.
- Parking for the event will be in the parking lot at the Central School building located at 20 Academy St and 27 Maple St, Arlington Ma .

This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.

Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention Procedures) program. We value your participation and dedication to the responsible sale, service and consumption of alcohol.

Using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



Sincerely,



Adam F. Chafetz
HCI President

ID#: 4856356 Name: Aldo G De Oliveira
Exam Date: 7/19/2018 Expiration Date: 7/19/2021

TIPS **CERTIFIED**
eTIPS On Premise 3.0

Issued: 7/19/2018 Expires: 7/19/2021
ID#: 4856356

Aldo G De Oliveira
Rebecca's cafe
364 Reservoir Ave
Revere, MA 02151-5808

For service visit us online at www.gettips.com





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2019

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 30 Concord Crossing Concord MA 01742	CONTACT NAME:	FAX (A/C, No): 978-369-3189
	PHONE (A/C, No, Ext): 978-369-3777	
	E-MAIL ADDRESS: info@kaplansky.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Liberty Mutual Insurance	24198
	INSURER B: Peerless Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED
Arlington Center for the Arts Inc
20 Academy St
Arlington MA 02476

ARLICEN-01

COVERAGES**CERTIFICATE NUMBER:** 139402641**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		CBP8168450	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8164253	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 Prod/CO Agg \$ 2,000,000
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 <input checked="" type="checkbox"/> N	N/A	WC8163753	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

** Contractual Liability per general liability form CG0001 1201 and umbrella/excess liability form 14-210 0204. Umbrella/EExcess Liability policy is an excess follow form over general, auto and employers liability.

Re: Schools located at 41 Foster Street, Arlington, MA and 869 Massachusetts Avenue, Arlington, MA

The certificate holder is an additional insured as respects general liability if required by written agreement with the insured per company form 22-45 1202.
Re: Summer Day Camp through 8.31.2019 at 41 Foster Street, Arlington, MA 02474

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington
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

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