

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant:

Franco Alvarado

Address, phone & e-mail contact information:

175 School Street, Watertown, Ma. 954-554-9349 franco.faa@gmail.com

Name & address of Organization for which license is sought:

Machu Picchu Restaurant 307 Somerville Ave., Somerville, Ma. 02145

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

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

Angelica Cortez

Address, phone & e-mail contact information:

978-332-4249 catering@machupicchuboston.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:

978-332-4249

Title of Event:  
wedding ceremony and reception

Date/time of Event:  
Saturday, October 12, 2019 5:30 - 10:30 pm

Location of Event:  
Arlington Town Hall

Location/Event Coordinator:  
Patsy Kraemer/Vicki Rose

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

Number of people expected to attend:  
140

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.

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. Rabeau Date 9-13-19  
Off. Corey P. Rabeau  
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?

full dinner/appetizers/dessert, sodas/waters

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

Macchu Pichu bartending staff

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))

Kappy's On Line, Everett

Date of Delivery:

Sat. Octobe 12, 2019

Alcohol Serving Time (s):

5:30 - 10:30 PM

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

Kappy's will take back excess alcohol

Date of Pick-Up:

Monday, October 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.)

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 Franco Alvarado

Printed title & Organization name: \_\_\_\_\_

Email: franco.faa@gmail.com



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

13 September 2019

**SECURITY PLAN FOR ALVARADO WEDDING RECEPTION**

A wedding reception is being held at the Arlington Town Hall. The party is under the auspices of the Alvarado family. The event is scheduled for Saturday, October 12, 2019, 5:30 pm to 10:30 pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 140 guests to attend. We anticipate some attendees will be under age.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Machu Picchu Restaurant catering services will provide the food and the bartending services.

The Alvarado family is responsible to ensure that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

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

# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certification Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

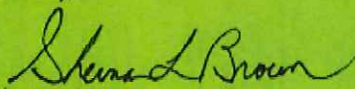
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 13266094  
CARD # 14355974

## ServSafe Alcohol® CERTIFICATE

ESTEFANIA CASTILLO

NAME

11/5/2016

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.



**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com) with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

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Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



175 West Jackson Boulevard  
Suite 1500  
Chicago, IL 60604-2814  
1-800-SERVSAFE  
312-715-1010 in the Chicago area  
[ServSafe.com](http://ServSafe.com)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/19

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 WOOD & ASSOCIATES INSURANCE AGENCY INC 32 SOUTH COMMON STREET LYNN, MA 01902	CONTACT NAME:	
	PHONE (A/C, No., Ext): 781-581-5900	FAX (A/C, No): 781-593-0776
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  CERCROSS AND SONS INC dba MACHU PICCHU RESTAURANT 307 SOMERVILLE AVE SOMERVILLE, MA 02143	INSURER A:	Arbella Mutual
	INSURER B:	NORFOLK & DEDHAM MUTUAL FIRE INS CO
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 WOULD BE 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"/> liquor liability	Y		7520083065	04/01/19	04/01/20	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50,000	
	MED EXP (Any one person)						\$ 10,000	
	PERSONAL & ADV INJURY						\$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$
OTHER:								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$
<input type="checkbox"/> OWNED AUTOS ONLY							BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
<input type="checkbox"/> SCHEDULED AUTOS								\$
<input type="checkbox"/> NON-OWNED AUTOS ONLY								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
<input type="checkbox"/> OCCUR								\$
<input type="checkbox"/> CLAIMS-MADE								\$
DED      RETENTION \$								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WE193402A	04/03/19	04/03/20	PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Town of Arlington is listed as Add'l Insured.

CERTIFICATE HOLDER  Town of Arlington 730 Massachusetts Ave Arlington, MA 021476	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  Marjorie Boisclair

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