

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: *Mark Thompson*

Address, phone & e-mail contact information:

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): *Vicki Lee Boyajian*

Address, phone & e-mail contact information: *105 Trapelo Road Belmont, MA 02478; 617-489-5007; vicki@vickilees.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:

Title of Event: *Wedding Reception*

Date/time of Event: *October 6, 2019/Rental is from 2pm-10pm*

Location of Event: *Whittemore Robbins House*

Location/Event Coordinator: *Victoria Rose*

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

Number of people expected to attend: *50-60 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, Ages: Two 11 year olds

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.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*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 Prosecco.***

What types of food and non-alcoholic beverages do you plan to serve at the Event?  
Please see attached menu.

Who will be responsible for serving alcoholic beverages at the Event?  
***Sami Haouiliya -Bartender***

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.  
***Message to bartender traveling abroad for Birth date.***

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 in Everett, MA*

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Date of Delivery: October 5, 2019

Alcohol Serving Time (s): *5:00pm-9:30pm*

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: *October 7, 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: *Mark Thompson*

Printed name: Mark Thompson

Printed title & Organization name: Wedding Reception

Email: *markrt29@hotmail.com*

*Mark Thompson*  
*Wedding Reception*  
*markrt29@hotmail.com*

*September 18, 2019*

A Wedding Reception will be held at the Whittemore Robbins House on Sunday, October 6, 2019 from 5:00pm-10:00pm. Alcohol service will end at 9:30pm.

A Special Alcohol License Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 50-60 guests to attend. There will be two guests under 21 years of age and both are 11 years old. The bartender will follow the rules for alcohol service from TiPs certification training.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Vicki Lee's will be catering the event and will provide the food service and beverage service. Vicki Lee Boyajian, Responsible Manager and bartender, Sami Haouiliya, 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.





eTIPS On Premise 3.0

**CERTIFIED**

Issued: 02/04/2017

Expires: 02/04/2020

ID#: 4448544

**Sami Haouiliya**

20 Ericsson St  
Belmont, MA 02478-3646 USA



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: DD

DATE (MM/DD/YYYY)

09/18/2019

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).

<b>PRODUCER</b> Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Dorothy Fernsler daCruz		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> VICKI-1	
<b>INSURED</b> Vicki Lee Boyajian, Inc 105 Trapelo Road Belmont, MA 02478		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 31325	

**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	X	BOA 5158813	07/07/2019	07/07/2020	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Liquor					PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPI/OP AGG \$ 2,000,000
						Liquor \$ 1,000,000
A	AUTOMOBILE LIABILITY		BOA 5158813	07/07/2019	07/07/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS					\$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

RE: event taking place at Whitmore Robbins House on 10/06/2019.  
Town of Arlington is additionally insured

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington  
Arlinton Town Hall  
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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