

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Elizabeth T. Locke
Address, phone & e-mail contact information: 611 Mass Ave. Arlington
781-643-4600 info@arlee.org

Name & address of Organization for which license is sought: Arlington Chamber of
Commerce - 611 Mass Ave.

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

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

Address, phone & e-mail contact information: same as above

Has the Applicant or Organization applied for and/or been granted a special liquor license this
calendar year? yes If so, please give date(s) of Special Licenses and/or applications and title
of event(s). Citizen of Year Dinner March 2013

Is this event an annual or regular event? If so, when was the last time this event was held and at what
location? Biennial - Formerly Known as Taste of Arlington

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-429-2558

Title of Event: Arlington Food + Drink Festival

Date/time of Event: Oct. 17, 2014 - 6pm - 9pm

Location of Event: Arlington Catholic High School

Location/Event Coordinator: Beth Flynn - Director of Advancement

Method(s) of invitation/publicity for Event: Printed collateral, social media, PR.

Number of people expected to attend: 300

Expected admission/ticket prices: \$45 in advance ; \$55 at door

Expected prices for food and beverages (alcoholic and non-alcoholic): 0

Will persons under age 21, be on premises? Yes

If "yes," please detail plan to prevent access of minors to alcoholic beverages. There may be some individuals helping with set-up and breakdown who are under 21. They will be supervised by a volunteer coordinator and will not be allowed in event space after set-up

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. Radeau Date 10-3-19
Off. Corey P. Radeau
Printed name/title

POLICE COMMENTS:

Request at least two police safety details

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, spirits

What types of food and non-alcoholic beverages do you plan to serve at the Event? Water, coffee, tea, soda, pizza, tacos, ceviche, meatballs, avocado toast, jerk chicken, empanadas, dumplings

Who will be responsible for serving alcoholic beverages at the Event? Sample tasters (2 oz. or less) from Aerobaut Brewing, Tito's Vodka, Bantam Cider, Pirate Peg Brand, Willie's Superbrew, Horizon Beverage Co., Martignetti (United), Craft Brewers Guild, MS Walker

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.

Stephanie Downs 8/2/92
Lisyl Rigby 2/10/87
Katie Serafin 11/23/93

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

Date of Delivery: 10/17/19
Alcohol Serving Time (s): 6pm - 9pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Vendors will remove their own excess. In the event that there is anything left the event coordinator or committee member will remove.
Date of Pick-Up: 10/17/19

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.) Norfolk + Dedham, Commercial Umbrella Liability Policy, Arlington Chamber of Commerce \$2,000,000

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: Elizabeth Locke
Printed name: Elizabeth Locke
Printed title & Organization name: Arlington Chamber of Commerce Exec. Director
Email: info@arccc.org

Arlington Food + Drink Festival		October 17, 2019			
Wholesaler List					
	ABCC License #				
Aeronaut	FB-LIC-000109				
Bantam Cider	FW-LIC-000092				
Flying Embers	WA-LIC-000298		by Craft Beer Guild		
Tito's Handmade Vodka	WA-LIC-000022		Martignetti		
Pirate Dog Brand/Rumson's Rum	WA-LIC-000388				
Farmer Willies	WM-LIC-000406		Craft Collective		
Horizon Beverage Company	WA-LIC-000142				
United Liquors	WA-LIC-000235		Loyal 9 Cocktails		
MS Walker	WI-123				



eTIPS On Premise 3.0

CERTIFIED

Issued: 2/25/2019

Expires: 2/25/2022

ID#: 5022901

Stefanie M Downs

465 Belmont St

E Bridgewater, MA 02333-1304

For service visit us online at www.gettips.com

ry it with you as proof of your TIPS certifi

ID#: 5175222 Name: Kasie Serafin

Exam Date: 8/22/2019 Expiration Date: 8/22/2022



CERTIFIED
eTIPS On Premise 3.0

Issued: 8/22/2019

ID#: 5175222

Expires: 8/22/2022

Kasie Serafin
Bantam Cider Co.
40 Merriam St
Somerville, MA 02143-3446

For service visit us online at www.gettips.com

Arlington Food + Drink Festival

October 17, 2019

Security Plan

The Arlington Food + Drink Festival will be held at Arlington Catholic High School, 16 Medford St. Members of Arlington Catholic administration are on the event planning committee. The Chamber has discussed the security plan with Arlington Catholic and has obtained a copy of their own security plan for similar events.

Prevention of Sale of Alcohol to Minors

This is a 21 and over event. There may be a few minors staffing the coat rack and registration which will be located in the hallway outside of the main event. Those minors will not be allowed into the main event space. In addition, they will be supervised by an adult member of the event committee.

Prevention of Sale of Alcohol to Minors

We do not anticipate traffic issues at this event. The approx. expected attendance is 300. Our promotional materials indicate parking is available in the municipal lot behind the building.

General Crowd Control

The Chamber will hire Arlington Police Detail Officers for the event to assist if any issues arise. We will also have 8-9 committee members on site to assist as well as some Arlington Catholic staff members.

Evacuation Plan

We will utilize the Arlington Catholic school evacuation plan. The emergency plan is posted throughout the school.

**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
COMMERCIAL UMBRELLA LIABILITY POLICY
RENEWAL DECLARATIONS**

Date of Issue 11/07/2018

☒ Direct Bill

☐ Agency Bill

COMMON POLICY DECLARATION		POLICY NUMBER	U1302906A	RENEWAL	
Named Insured : ARLINGTON CHAMBER OF COMMERCE INC. P.O., Address : 611 MASSACHUSETTS AVE City, State, Zip : ARLINGTON MA 02474					
POLICY PERIOD: From 12/01/18 To 12/01/19 12:01 A.M. Standard Time at your Mailing Address above					
REPRESENTATIVE: Agent or Broker : QUINN GROUP INSURANCE AGCY INC Agent's Code Number Office Address : 223 MASSACHUSETTS AVENUE 20657 Town and State : ARLINGTON, MA 02474					
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY					
FORM OF BUSINESS: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> Other					
LIMITS OF INSURANCE					
EACH OCCURRENCE LIMIT				\$ 2,000,000	
PERSONAL and ADVERTISING INJURY LIMIT				EXCLUDED	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT				EXCLUDED	
GENERAL AGGREGATE LIMIT				\$ 2,000,000	
RETAINED LIMIT: \$10,000					
SCHEDULE OF UNDERLYING INSURANCE					
Insurer	Policy Number	Policy Period	COVERAGES	LIMITS OF INSURANCE	
Norfolk and Dedham Mutual Fire Ins Co	R1226751A	12/01/18 - 12/01/19	AUTOMOBILE LIABILITY	EACH PERSON	EACH ACCIDENT
			<input checked="" type="checkbox"/> BODILY INJURY / PROPERTY DAMAGE	\$ 1,000,000	\$ 2,000,000
			<input type="checkbox"/> COMBINED SINGLE LIMIT	EACH OCCURRENCE LIMIT	\$
Norfolk and Dedham Mutual Fire Ins Co	R1226751A	12/01/18 - 12/01/19	GENERAL LIABILITY	EACH OCCURRENCE LIMIT	GEN AGGREGATE LIMIT
			<input type="checkbox"/> COMMERCIAL LIABILITY	\$	\$
			<input checked="" type="checkbox"/> BUSINESSOWNER'S	\$ 1,000,000	\$ 2,000,000
			<input type="checkbox"/> PERSONAL / ADVERTISING	\$	\$
			<input type="checkbox"/> PRODUCTS / COMP OPS	\$	\$
			<input type="checkbox"/> EBLI	\$	\$
			EMPLOYER'S LIABILITY	EACH ACCIDENT	DISEASE-EACH EMPLOYEE
				\$	\$
				DISEASE-POLICY LIMIT	\$
			OTHER	EACH OCCURRENCE LIMIT	AGGREGATE
			<input type="checkbox"/> CONDO D & O	\$	\$
			<input type="checkbox"/> LIQUOR LIABILITY	\$	\$
MINIMUM EARNED PREMIUM \$			TOTAL ADVANCE PREMIUM	\$	800.00
			THIS IS NOT A BILL	\$	

Forms and endorsements made a part of this policy at time of Issue: CU 00 01, CU 00 23, CU 00 25, CU 00 31, CU 00 33, CU 01 02, CU 21 02, CU 21 06, CU 21 08, CU 21 12, CU 21 14, CU 21 23, CU 21 24, CU 21 25, CU 21 26, CU 21 27, CU 21 36, CU 21 40, CU 21 41, CU 21 58, CU 21 71, CU 21 75, CU 21 86, CU 21 90, CU 24 32, CU ADV02, IL 00 17, IL 09 85

These Declarations together with the Common Policy Conditions, Coverage Part Declarations, Conditions, Forms and Endorsements, if any, issued to form a part thereof, completes the above numbered policy.

Countersigned _____ Date _____ By: _____ Authorized Representative _____

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary. But, this policy shall not be valid unless countersigned on this Declaration page by a duly authorized representative of the Company.

INSURED COPY