

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Bob Scheschareg

Address, phone & e-mail contact information:

Name & address of Organization for which license is sought: Sandra Anne Foundation, 36 Fayette Street, Arlington, MA 02476

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

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

Address, phone & e-mail contact information: 1345 Main Street #1, Waltham, MA ; 617-686-6069
rmarks@premierbarservice.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? **Yes, this is an annual fundraising event. 2019 will mark the 3rd year of the event. Previous two events were held at the Wright-Locke Farm in Winchester, MA . Proceeds from the event will go towards the Arlington Youth Counseling Center and area programs providing support to special needs children.**

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-686-6069

Title of Event: Sandra Anne Foundation 2019 Oktoberfest

Date/time of Event: October 26, 2019/7pm-11pm

Location of Event: Whittemore Robbins House and Park

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: email invitations to part participants, word of mouth

Number of people expected to attend: 150 - 200

Expected admission/ticket prices: \$40 per person

Expected prices for food and beverages (alcoholic and non-alcoholic): Included in ticket

Will persons under age 21 be on premises? No

If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

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 *10-3-10*

Off. Corey P. Rabeau
Printed name/title

POLICE COMMENTS:

Request at least one safety detail.

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 only**

What types of food and non-alcoholic beverages do you plan to serve at the Event? Various authentic German foods (meats, salads, pretzels), soda and water

Who will be responsible for serving alcoholic beverages at the Event? Premier Bar Service, Waltham, MA; (781) 894-3000

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.

See Premier Bar Service bartender DOB and certification information

attached

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.

See Premier Bar Service bartender DOB and certification information

attached

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) **Kappy's Fine Wine & Spirits; Burke Distributing Corporation**

Date of Delivery: **10/26/19**

Alcohol Serving Time (s): **7:00 – 10:30 pm**

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Wholesaler will pick-up excess alcoholic beverages following the close of the Event

Date of Pick-Up: **10/27/19**

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.) **General Liability and Liquor Liability insurance provided by Premier Bar Service and Metropolitan Catering**

**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: **Robert Scheschareg**

Printed title & Organization name: **Sandra Anne Foundation**

Email: **rob@sandranne.org**



Allan Gray
Diane Maini



CERTIFIED

eTIPS On Premise 3.0

Issued: 1/6/2018

Expires: 1/6/2021

#: 4704445

James P McMullen

60 Fuller Rd

Wayland, MA 01778-4736

For service visit us online at www.gettips.com

James McMullen
DOB



Sandra Anne Foundation
2019 Oktoberfest Charity Fundraiser
Whittemore Robins House and Park
Saturday, October 26, 2019

October 1, 2019

An Oktoberfest-themed fundraiser will be held at the Whittemore Robbins House and Park on Saturday, October 26, 2019, from 7 pm to 12 pm. Proceeds from the event will benefit programs that provide assistance and support to children in need, including the Arlington Youth Counseling Center.

Alcohol service will be from 7:00 pm to 10:30 pm. A Special Alcohol License Application has been submitted to the Select Board.

This is the Security Plan.

We anticipate approximately 180 – 200 guests to attend. There will be no guests under the age of 21. Approximately 75% - 80% of guests will be Arlington residents, including local town officials, policemen and other first responders.

Victoria Rose, Event Coordinator, will be on-site to monitor the use of the Whittemore Robbins House and Park. Premier Bar Service will be providing the Responsible Manager and the certified bartenders. Metropolitan Catering will provide the food. Premier Bar Service manager and bartenders, and 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2019

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 R.C. Briggs Insurance Agency I 103 Main Street Amesbury, MA 01913 Ira Kilgerman	978-388-0019	CONTACT NAME: Jane Ouellette PHONE (A/C, No, Ext): 978-388-0019 FAX (A/C, No): 978-388-3101 E-MAIL ADDRESS: jane@rcbriggsins.com
INSURED Metropolitan Deli & Catering Ken Messinger PO Box 4052 Westford, MA 01886		INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Mutual Insurance Co INSURER B: 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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			BKS58245324	10/01/2019	10/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
						10/01/2020	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town of Arlington is an Additional Insured provided a written contract is in place.

CERTIFICATE HOLDER

CANCELLATION

TOWNARL

Town of Arlington
51 Grove 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



PREMIER-01

JHOGAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2019

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 Roblin Insurance Agency 144 Gould Street Suite 100 Needham, MA 02494	CONTACT NAME:	
	PHONE (A/C, No, Ext): (781) 455-0700 FAX (A/C, No): (781) 449-8976	
	E-MAIL ADDRESS: certificates@roblininsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Mount Vernon Fire Co	
INSURED Premier Catering & Bar Service LLC PO Box 540310 Waltham, MA 02454	INSURER B: StarStone National Insurance Company	25496
	INSURER C: U.S. Liability Ins. Co.	
	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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CP2610440	3/11/2019	3/11/2020	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"/> 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 type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			88915C175ALI	3/11/2019	3/11/2020	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Liquor Liability			CL1569703C	3/11/2019	3/11/2020	per Occurrence 1,000,000
C	Liquor Liability			CL1569703C	3/11/2019	3/11/2020	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Town of Arlington is additional insured with regard to liability of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Whittemore Robblins House 670 R. Massachusetts Avenue Arlington, MA 02174	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>Peter Roblin</i>



Menu for the
Sandra Anne Foundation Oktoberfest
Saturday, October 26, 2019
at
Whittemore Robbins House
Arlington, MA

Bratwurst
Knackwurst
Sauerkraut
Potato Salad
Pickles
Rye bread
Mustard
Pretzels
Donuts
Applestrudel
Coffee
Tea