

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant:

Colleen Leger, Arlington Youth Counseling Services

Address, phone & e-mail contact information:

670R Mass. Ave., Arlington, Ma. 02474 781-316-3255 CLeger@town.arlington.ma.us

Name & address of Organization for which license is sought:

Beaujolais Catering, 207 Broadway, Arlington, Ma. 02474

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

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

Michelle Noska

Address, phone & e-mail contact information:

617-519-6081 Michelle@beaujolaiscatering.com

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ☒ Yes ☐ 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?

annual event

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

617-519-6081

Title of Event:

AYCC Gala Fundraiser

Date/time of Event:

Friday, November 1, 2019 7:00 pm - 10:30 pm

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation/social media

Number of people expected to attend:

175-225

Expected admission/ticket prices:

\$75.00

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

\$7 beer/wine/cocktail, \$3 sodas

Will persons under age 21 be on premises?

no

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

Bartender will check ID's if needed

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.

Officer Corey P. Pateau  
OFFICER Corey P. Pateau  
Printed name/title

Date 10-22-19

**POLICE COMMENTS:**

Request 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/wine/signature cocktail

What types of food and non-alcoholic beverages do you plan to serve at the Event?

savory and sweet tapas /dessert, sodas/waters

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

Beaujolais Catering 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 Call, Everett, Ma.

Date of Delivery:

Friday, November 1, 2019

Alcohol Serving Time (s):

7:00 pm - 10:00 pm

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

Kappy's will pick up

Date of Pick-Up:

Saturday, November 2, 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 Colleen Leger

Printed title & Organization name: Director Youth Services,

Email: CLeger@town.arlington.ma.us



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

1 October 2019

**SECURITY PLAN FOR AYCC GALA FUNDRAISER**

The Board of Youth Services is sponsoring a fundraising event to be held on Friday, November 1, 2019, 7:30 pm – 11:00 pm at the Arlington Town Hall - the AYCC Gala. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Advance tickets will be sold for the evening event at \$75 each. We anticipate approximately 175-225 people to attend.

The Fundraiser event will be for adults only except for coat check ticket takers.

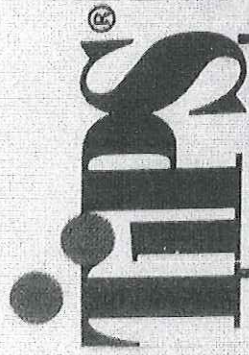
Patsy Kraemer will be the event coordinator for the event. Beaujolais Catering will provide food for the event and will also provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 8 volunteers from the Board of Youth Services Committee is the planning group and will assist in staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. A police detail will be required.

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.





**eTIPS On Premise 3.0**

**CERTIFIED**

**Issued: 5/29/2018**

**Expires: 5/29/2021**

**ID#: 4813268**

**Kevin Malloy**

**193 Crescent Ave Unit 2**

**Revere, MA 02151-4218**

**For service visit us online at [www.gettips.com](http://www.gettips.com)**



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 Chafetz*  
Adam F. Chafetz  
HCI President

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



**TIPS** eTIPS On Premise 3.0  
CERTIFIED

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

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

For service visit us online at [www.gettips.com](http://www.gettips.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2019

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> Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue  Malden MA 02148		<b>CONTACT NAME:</b> Commercial Lines <b>PHONE (A/C, No, Ext):</b> (781) 322-2350 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Michelle C Noska 207a Broadway  Arlington MA 02474		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hartford Insurance Group INSURER B: Safety Insurance Co INSURER C: Twin City Fire Ins Co INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL1921928590

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			08SBAAA8353	4/9/2019	4/9/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPI/OP AGG \$ 2,000,000
	OTHER:						Liquor Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY			6227097	1/21/2019	1/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						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 \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	LIQUOR LIABILITY			08SBAAA8353	4/9/2019	4/9/2020	EACH OCCURRENCE \$1,000,000
							AGGREGATE \$1,000,000

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

Town of Arlington as additional Insured

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington 730 Mass Ave Arlington, MA 02474	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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