

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: William Callahan

Address, phone & e-mail contact information: 353 GARDEN RD PEABODY, MA 01960
W.F. CALLAHAN @ GMAIL.COM (774) 452-5154

Name & address of Organization for which license is sought: Rinoldi Fundraiser - Contact Information Above

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

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

Address, phone & e-mail contact information: _____

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?

Annual - 2nd Year Holding this Event - First Year Held in Woburn, MA

24-Hour contact number for Responsible Manager of Alcohol Event date: (774) 452-5154

Title of Event: 2nd Annual Rinoldi Fundraiser

Date/time of Event: November 23, 2019 1:00PM - 6:00PM

Location of Event: Arlington Catholic High School

Location/Event Coordinator: Lindsay Roche

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

Number of people expected to attend: 200 - 300

Expected admission/ticket prices: \$10

Expected prices for food and beverages (alcoholic and non-alcoholic): \$1 - \$10

Will persons under age 21 be on premises? YES

If "yes," please detail plan to prevent access of minors to alcoholic beverages. CASH EXCHANGED FOR TICKETS - TICKETS EXCHANGED FOR ALCOHOL IN SEPERATE AREAS

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. Pateau Date 10-24-19
Off. Corey P. Pateau
Printed name/title

POLICE COMMENTS:

Request at least two safety details (up to 300 expected).
We do have concerns with parking due to the event
coinciding with church services at St. Agnes.

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?

PIZZA, APPETIZERS, WATER, SODA, JUICE

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

J. William Callahan

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 - 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.

William Callahan -
Kyle Messendorf -
John McKillop -
Michael Mancuso -

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

Date of Delivery: 11-23-2019
Alcohol Serving Time (s): 1:00PM - 6:00PM

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

THE EXCESS WILL BE DIVIDED BY THE COMMITTEE.

Date of Pick-Up: N/A

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.)

**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: [Signature]

Printed name: William Callahan

Printed title & Organization name: Rinaldi Fundraiser

Email: WF.CALLAHAN@GMAIL.COM

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on October 17, 2019
provided by Health Communications, Inc.
is hereby granted to:

William Callahan

Certification to be sent to:

**35 Garden Rd Apt B
Peabody MA, 01960-3055 USA**



HEALTH COMMUNICATIONS, INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



2nd Annual Rinaldi Fundraiser
November 23, 2019
Security Plan

The Rinaldi Fundraiser is being held at Arlington Catholic High School on November 23, 2019. The appropriate members of the Arlington Catholic High School administration have been contacted and fully informed of the details of this event. Security measures for this event will follow Arlington Catholic High School's documented security plans.

Prevention of Sale of Alcohol to Minors

Alcoholic beverages will be distributed using a ticket system where tickets may only be purchased by individuals 21 years of age or older verified by valid identification. Any minors attending this event will be accompanied by an adult. We will provide a certified bartender to oversee all distribution of alcohol. (See attached documentation)

Law Enforcement Requirements

There is no expected issue with crowd control for this event but due to the fact that an estimated 250 people will be in attendance, we have coordinated with a representative from the City Select Board as well as the Arlington Police Department to provide police detail if necessary.

Event coordinators are aware that the use of the municipal lot behind Arlington Catholic High School will be shared for a portion of time with the parishioners of St. Agnes Church. After discussions with both the Arlington Select Board representative and the Arlington Police Department, no overcrowding issues are expected.

Evacuation Plan

Arlington Catholic High School has an accredited and documented evacuation plan. We will utilize this plan in the case of an emergency.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/19

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 John P. Russell Insurance Agency, Inc. 65 Pearl Street Stoughton, MA 02072		CONTACT NAME: PHONE (A/C, No, Ext): 781-344-0098 FAX (A/C, No): 781-341-2563 E-MAIL ADDRESS: jrusell@jprussellins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Mount Vernon Fire Insurance Company	
		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	COMMERCIAL GENERAL LIABILITY			CL 2756551	11/23/19	11/25/19	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
a	Liquor Liability			CL 2756551	11/23/19	11/25/19	Each Common Limit	1,000,000
							Aggregate Limit	2,000,000

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

Location of All Covered Special Event(s)
16 Medford Street, Arlington, MA 02474

Mass Bay Brewing Company is listed as additional insured for this event

CERTIFICATE HOLDER**CANCELLATION**

Mass Bay Brewing Company 306 Northern Ave Boston, Ma 02210	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 John P Russell /cv

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