

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Joe Bertagna, AHS 50th Class Reunion

Address, phone & e-mail contact information:

7 Concord St., Gloucester Ma 01930

Name & address of Organization for which license is sought:

same

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

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

Tom Carroll, Menotomy Tavern

Address, phone & e-mail contact information:

25 Mass. Avenue, Arlington, Ma. 781-808-1383 eventsmenotomygrill@gmail.com

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

October 2019 - AHS Cocktail Party

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:

781-808-1383

Title of Event:

AHS 50th Class Reunion

Date/time of Event:

Saturday, November 30, 2019 6:30 - 10:30 pm

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend:

125

Expected admission/ticket prices:

\$85, \$95 at door

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

\$5 beer and wine, \$0 for non-alcoholic

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

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.

Ofc. Corey T. Rataeau
Ofc. COREY T. RATEAU

Date 11-13-19

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/wine

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

buffet dinner/appetizers/dessert, sodas/waters

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

Menotomy Grill and Tavern bartenders

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)

Horizon Imports, Norwood

Date of Delivery:

Saturday, 11/30/2019

Alcohol Serving Time (s):

6:30 pm - 10:30 pm

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

Menotomy Tavern will take back excess alcohol

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.)

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 Joe Bertagna

Printed title & Organization name: AHS 50th Reunion
Committee

Email: jbertagna@comcast.net



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

7 November 2019

SECURITY PLAN FOR AHS 50TH REUNION PARTY

A group of Arlington High School graduates are planning a 50th Class Reunion Party. They expect 125 people to attend. The party will be held at the Arlington Town Hall on Saturday, November 30, 2019, 6:30 pm - 11:00 pm.

Menotomy Grill and Tavern will supply the food and the bartending service for the event. A One-Day Permit has been submitted to the Selectmen's Office.

Advance tickets will be sold for the evening event at \$85 each; and tickets will be sold at the door for \$95. There will be a cash bar at the event, beer and wine sold at \$5 per serving.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. A committee of 8 volunteers from the sponsoring group is planning the event 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.

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.

Space to leave this window

Certificate of Completion

This Certificate of Completion of

eTIPS On Premise 3.0

For coursework completed on December 9, 2016
provided by Health Communications, Inc.
is hereby granted to:

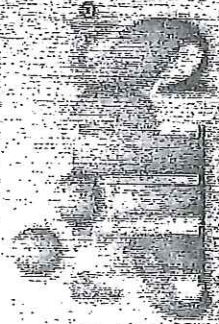
Christine Janko

Certification to be sent to:

Menotomy Grill & Tavern

25 Massachusetts Ave

Arlington MA, 02474-8602 USA



HEALTH COMMUNICATIONS, INC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2019

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 Quinn Group Insurance Agency, Inc. 223 Massachusetts Ave. Arlington MA 02474		CONTACT NAME: Ted Ward PHONE (A/C, No, Ext): (781) 483-3248 FAX (A/C, No): (781) 641-3223 E-MAIL ADDRESS: ted@quinngroupins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Norfolk And Dedham Group PL	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** CL19102913041**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			R1842832A	10/05/2019	10/05/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						Liquor Liability	\$ 1,000,000
A	AUTOMOBILE LIABILITY			R1842832A	10/05/2019	10/05/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<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 checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			U1808334A	10/05/2019	10/05/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WE188367A	10/05/2019	10/05/2020	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

EVENT ON NOVEMBER 14, 2019

CERTIFICATE HOLDER**CANCELLATION**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

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