

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Karen Schwartz

Address, phone & e-mail contact information:

Name & address of Organization for which license is sought:

Premier Catering & Bar Service PO Box 540310, Waltham, Ma. 02454

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

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

Ed Garland

Address, phone & e-mail contact information:

781-223-5001 egarland@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?

one-time event

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

781-223-5001

Title of Event:

Bat Mitzvah for Violet

Date/time of Event:

Saturday, March 14, 2020 6:00 - 9:30 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:

130

Expected admission/ticket prices:

N/A

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

N/A

Will persons under age 21 be on premises?

YES

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

Bartenders 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.

Officer Corey P. Rateau

Date 2-13-2020

OFFICER COREY P. RATEAU

Printed name/title

POLICE COMMENTS:

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?

Full dinner w/ tapas desserts sodas waters _____

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

Premier 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 - 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.

attached

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

Horizon and Burke _____

Date of Delivery:

Saturday, March 14, 2020 _____

Alcohol Serving Time (s):

6:15 pm - 9:30 pm _____

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

Premier Bartending will take excess alcohol_____

Date of Pick-Up:

Saturday 14, 2020_____

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: Karen Schwartz_____

Printed title & Organization name:_____

Email: kmegschwartz@gmail.com_____



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

4 February 2020

SECURITY PLAN FOR SCHWARTZ BAT MITZVAH

The Schwartz family is holding a Bat Mitzvah event to be held on Saturday, March 14, 2020. The event is booked for 6:00 pm - 10:30 pm. at the Arlington Town Hall. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 130 people to attend.

Patsy Kraemer will be the event coordinator for the event. Premier Catering and Bartending Service will provide bartending service. Food will come from various restaurants/take-out specialty stores

Greg Stathopoulos will be the custodian for the event. The Schwartz family 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.

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.

By 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,

A handwritten signature in cursive script, appearing to read "Adam Chafetz".

Adam F. Chafetz
HCI President

ID#: 4813268 Name: Kevin Malloy
Exam Date: 5/29/2018 Expiration Date: 5/29/2021

TIPS® eTIPS On Premise 3.0
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

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Sincerely,

Adam F. Chafetz
HCI President

ID#: 4702572 Name: BRYAN GOGGIN
Exam Date: 12/19/2017 Expiration Date: 12/19/2020

TIPS® On Premise **CERTIFIED**
Issued: 1/3/2018 Expires: 12/19/2020
ID#: 4702572

BRYAN GOGGIN
35 Blue Hill Ave
Roxbury, MA 02119-3314

For service visit us online at www.gettips.com
TIPS Trainer: Edward Garland, Jr., 38942



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	
INSURED Premier Catering & Bar Service LLC PO Box 540310 Waltham, MA 02454	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Mount Vernon Fire Co	
	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			CP2610440	3/11/2019	3/11/2020	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) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			88915C175ALI	3/11/2019	3/11/2020	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

Town of Arlington
Town Hall
730 Massachusetts Ave.
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