

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Sheri A. Baron

Address, phone & e-mail contact information: 10 Raleigh St., Arlington, Ma
617-875-2198 sbaron26@verizon.net

Name & address of Organization for which license is sought: _____
Residents of Arlington -

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?
one-time only

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-875-2198

Title of Event: Dance With Dignity

Date/time of Event: Saturday, March 14, 2020

Location of Event: Unitarian Universalist Church Mass. Ave., Arlington, Ma 02476

Location/Event Coordinator: Sheri Baron

Method(s) of invitation/publicity for Event: Flyers / Email

Number of people expected to attend: 200-250

Expected admission/ticket prices: \$25.00

Expected prices for food and beverages (alcoholic and non-alcoholic): Beer \$3.00
Wine \$5.00, all food is free

Will persons under age 21 be on premises? no

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

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.

Det. Corey P. Robeau Date 3/9/2020
Det. Corey P. Robeau
Printed name/title

POLICE COMMENTS:
request one police 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?
Appetizers, desserts, sparkling water, soft drinks, coffee & tea

Who will be responsible for serving alcoholic beverages at the Event?
Premier Bar Service & Catering

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 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.

Robyn Goodmer
Jody Ayerbach
Bonnie Sue Tomassian

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

Date of Delivery: 3/14/20
Alcohol Serving Time (s): 7 PM - 10:30 PM

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

Volunteers will remove all unopened beer and wine immediately following the event

Date of Pick-Up: 3/14/2020

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.)

Premier Bar Service & Catering will provide

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: Sheri A. Baron

Printed name: Sheri A. Baron

Printed title & Organization name: Steering Committee, "Dana for Dignity"

Email: sbaron26@verizon.net

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on February 6, 2017
provided by Health Communications, Inc.
is hereby granted to:

Robyn Goodner

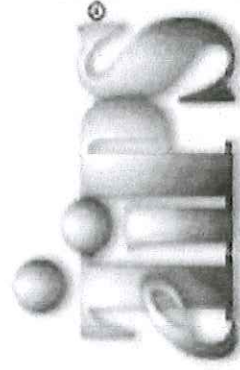
Certification to be sent to:

65 Colby St
Medford MA, 02155-6008 USA

HeH

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.



PARTICIPANT CARD

iTIPS eTIPS On Premise 3.0 **CERTIFIED**
Issued: 02/12/2020 Expires: 02/12/2023
ID#: 5302117

Jodi Y Auerbach
Something Savory LLC
69 Webcowet Rd
Arlington, MA 02474-2322 USA

*For Personal Use Only
Not to be Reproduced*

it with you as proof of your TIPS certification.

ID#: 4720949 Name: Bonnie Sue Tomassian
Exam Date: 2/1/2018 Expiration Date: 2/1/2021

TIPS

eTIPS On Premise 3.0

CERTIFIED

Issued: 2/1/2018

Expires: 2/1/2021

ID#: 4720949

Bonnie Sue Tomassian
Something Savory LLC
1337 Massachusetts Ave
Arlington, MA 02476-4101

For service visit us online at www.gettips.com

Security Plan
Dance for Dignity
3/14/20

Sorry about
format - problem
with program.

Security Plan

Dance for Dignity

Saturday, March 14, 2020

Unitarian Universalist Church

7:00 – 10:30 PM

Massachusetts Avenue, Arlington, MA 02476

Event manager: Sheri A. Baron

Alternate manager: Barbara Goodman

Crowd control: There will be at least seven (7) adults on the floor all evening. Should anyone become unruly, the Arlington Police Department will be called immediately, or the police staff assigned to the event will be notified.

Emergency evacuation: The event manager and steering committee will ensure immediate evacuation should the need arise. Guests will be moved to the parking lot on the side of the church.

Underage drinking/limiting access:

Something Savory, a local catering company, will provide the bartenders. They have worked on many events in Arlington over the years and employ highly qualified personnel. Any guest under the age of 18 will be barred from purchasing beer and/or wine.

Should there be any problems, the event manager and others on the planning committee will be alerted at once. Should the situation become difficult, the officer assigned to the event will be called upon immediately; if no officer is in attendance, the Arlington Police Department will be called immediately.

The bartenders will be instructed to limit service to an appropriate level of drinks per person.

Commented [SB1]:

The bartenders are TIPS certified.

Parking: There are two municipal lots within walking distance of the church; one behind the Jason Russell House and one behind the block containing 'Not Your Average Joe's' restaurant. There is ample parking for the number of expected guests.

Should you need any further information, please feel free to contact me at:

617-875-2198

sbaron26@verizon.net

Sheri A. Baron



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2020

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).

| | | |
|---|--|-----------------------|
| PRODUCER T EDMUND GARRITY & CO INC 545 CONCORD AVENUE CAMBRIDGE MA 02138 | CONTACT NAME: ashlee espinosa PHONE (A/C, No, Ext): (617) 354-4640 E-MAIL ADDRESS: ashlee@garrity-insurance.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURER A : AIM MUTUAL INS CO | | 33758 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

| | | |
|---|-----------------------------------|-------------------------|
| INSURED JODI AUERBACH SOMETHING SAVORY 1337 MASSACHUSETTS AVE 206 ARLINGTON MA 02476 | CERTIFICATE NUMBER: 505284 | REVISION NUMBER: |
|---|-----------------------------------|-------------------------|

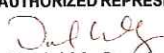
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | N/A | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | N/A | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | N/A | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | | N/A | N/A | N/A | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | | | | N/A | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance. The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

JODI AUERBACH has elected coverage.

| | |
|---|---|
| CERTIFICATE HOLDER First Parish Unitarian Church 630 Mass Ave Arlington MA 02474 | CANCELLATION 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  Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA |
|---|---|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2020

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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 T. Edmund Garrity & Co., Inc. 545 Concord Avenue, Suite 16 Cambridge MA 02138 | CONTACT NAME: Ashlee Espinosa | PHONE (A/C, No, Ext): (617) 354-4640 | FAX (A/C, No): (617) 354-5828 |
| | E-MAIL ADDRESS: Ashlee@garrity-insurance.com | | |
| INSURED Jodi Auerbach, DBA: Something Savory 1337 Massachusetts Ave #206 Arlington MA 02476 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Travelers Indemnity Co CT | | 25682 |
| | INSURER B : Hospitality Mutual | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| INSURER F : | | | |

COVERAGES **CERTIFICATE NUMBER:** master COI 2019 **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.

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|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | 6607B769370 | 04/20/2019 | 04/20/2020 | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | 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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Liquor Liability | | 00061130LL | 12/16/2019 | 12/16/2020 | Per Occurrence 1,000,000 Aggregate 2,000,000 |

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

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| First Parish Unitarian Church 630 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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