

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Patsy Kraemer, Arlington Garden Club

Address, phone & e-mail contact information:

85 Columbia Rd., Arlington, Ma. 02476

Name & address of Organization for which license is sought:

Boujoulais 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 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?

every other year event

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

617-519-6081

Title of Event:

Music in Bloom fundraiser

Date/time of Event:

Friday, March 27, 2020, 6:30 pm - 9:00 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:

135-140

Expected admission/ticket prices:

\$30 per ticket

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

\$8 wine/beer, \$2 sodas/waters

Will persons under age 21 be on premises? yes -coat check

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.

Det. Corey P. Roteau Date 3/9/2020
Det. Corey P. Roteau
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?

sweet/savor tapas/dessert, sodas/waters

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

Beaujolais 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)

Kappys On Line Everett

Date of Delivery:

Friday, March 27 2020

Alcohol Serving Time (s):

6:30 - 8:30 pm

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

Kappy's will pick up, Sat. March 28, 2020

Date of Pick-Up:

Sat. March 28, 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 Patsy Kraemer

Printed title & Organization name: Fundraiser Committee Chair, Arlington Garden Club

Email: pkraemer@town.arlington.ma.us

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 in 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,

A handwritten signature in dark ink, appearing to read "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's cafe
364 Reservoir Ave
Revere, MA 02151-5808

For service visit us online at 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.

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Sincerely,

A handwritten signature in black ink, 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 **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



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

27 February 2020

SECURITY PLAN FOR MUSIC IN BLOOM - 2020

Music in Bloom is a fundraising event co-sponsored by the Arlington Garden Club and the Friends of Robbins Library. An organizing committee of twelve members of the two organizations is responsible for the event. Patsy Kraemer of the Arlington Garden Club and Sally Naish of the Friends of the Libraries are the cochairs of the planning committee.

The event is scheduled for Friday night, March 27, 2020, , 6:30 pm to 9:00 pm, at the Robbins Memorial Library.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Tickets will be sold for the event. We anticipate approximately 135 to 140 people to attend. Guests will come and go during the duration of the party - it is not anticipated that everyone will be at the event at the same time. There will be a mix of adults and high school students at the event. The high school students are at the event only as helpers with the coat check. They will be directly supervised by Amy McElroy, one of the committee members and a member of the Friends group.

As other people arrive at the bar they will be asked for an ID to verify their age by the bartenders if there is any question as to their age.

Patsy Kraemer will be the event coordinator for the event. She will be assisted by the event coordinator from the Library, Vicki Rose. Brian Rose will be the custodian for the event. A committee of volunteers from the Arlington Garden Club and the Friends of the Libraries will also be staffing the party. All these people will be responsible for ensuring that the event runs smoothly.

Parking for the event will be available in the Library parking lots, the parking lot at the Whittemore Robbins House, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.



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).

PRODUCER Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue Malden MA 02148	CONTACT NAME: Commercial Lines PHONE (A/C, No, Ext): (781) 322-2350 E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Insurance Group INSURER B: Safety Insurance Co INSURER C: Twin City Fire Ins Co INSURER D: INSURER E: INSURER F:
INSURED Michelle C Noska 207a Broadway Arlington MA 02474	NAIC # 39454 29459

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			08SBAAA8353	4/9/2019	4/9/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 Liquor Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6227097	1/21/2019	1/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	UMBRELLA LIAB EXCESS LIAB 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 \$
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

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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