

OFFICE OF THE SELECT BOARD
TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Juli Brazile

Address, phone & e-mail contact information: Arl. 02476
juli@brazile.net

Name & address of Organization for which license is sought: - none
private event

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? ND 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? ND

24-Hour contact number for Responsible Manager of Alcohol Event date: Victoria Rose
617-312-7699

Title of Event: Brazile Family Celebration

Date/time of Event: May 28, 2022 4pm - 6pm

Location of Event: Robbins Library

Location/Event Coordinator: _____

Method(s) of invitation/publicity for Event: private invitations

Number of people expected to attend: 40-50

Expected admission/ticket prices: none

Expected prices for food and beverages (alcoholic and non-alcoholic): none

Will persons under age 21 be on premises? yes

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

wrist bands & ID check

Have you consulted with the Department of Police Services about your security plan for the Event? no

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 [Signature] P. RASTAL Date: 5-24-22
Printed name/title

POLICE COMMENTS:

Alcohol must come directly from the distributors and not the caterer's restaurant located at 25 Mass Ave, Arlington.

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? _____

appetizers, soda and water

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

Caterer bar 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 Certified bartender

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. _____

Michael J. Dany, Caterer bartender

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

Horizon Beverages

Date of Delivery: Sat. May 28, 2022

Alcohol Serving Time (s): 4:00 - 5:30pm

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

unused beer & wine returned to Monotony Grill
& Tavern by Inferno bar staff

Date of Pick-Up: May 28, 2022

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: _____

Printed name: _____

Printed title & Organization name: _____

Email: _____

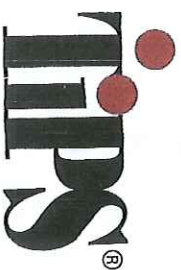
This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.

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.



ID#: 5680907 Name: MICHAEL J DAY
Exam Date: 3/22/2022 Expiration Date: 3/22/2025



CERTIFIED

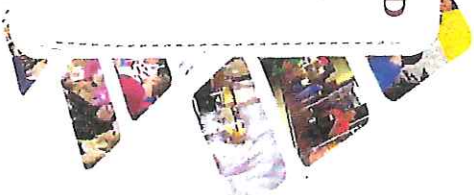
TIPS® On Premise

Issued: 3/28/2022 Expires: 3/22/2025

ID#: 5680907

MICHAEL J DAY
25 Massachusetts Ave
Arlington, MA 02474-8602

For service visit us online at www.gettips.com
TIPS Trainer: Michael Marcantonio, 64





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2021

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: ted@quinninsurance.com ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Norfolk And Dedham Group PL	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** CL21112916614**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	10/05/2020	10/05/2021	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
	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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			U1808334A	10/05/2021	10/05/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WE188367A	10/05/2021	10/05/2022	<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)

CERTIFICATE HOLDER**CANCELLATION**

Town Of Arlington
730 Massachusetts Ave

Arlington MA 02178

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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Juli Brazile
Arlington, MA 02476

May 28, 2022

SECURITY PLAN for Juli Brazile Family Celebration

The event is scheduled for Saturday, May 28, 2022 at the Robbins Library Reading Room. The alcohol service will end 30 minutes before the end of the event.

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

This is the Security Plan.

We anticipate approximately 50-60 guests including a few minors under the age of 21. The bartender will be checking ID and providing colored wrist bands. One color will clearly indicate that the person is under 21 and another color will indicate that we verified people who are older than 21.

The menu: Appetizers including Hummus, Pita Chips, Cut vegetables and Olives, Assorted Cheese, Fruit, Crackers and French bread, Asparagus wrapped in Serrano Ham, Mini Crab Cakes with sauce, Grilled Chicken Skewers, Smoked Salmon Canape.

Beverages will include: Soda, Water, Juice, Beer, Wine.

Menotomy Grill and Tavern will provide food service and the liquor service. The bartender, Michael Day, is TiPs certified. All rules regarding alcohol beverage service will be followed as understood from TiPs Certification training by the bartenders. Bar service will begin at 4:00pm and end at 5:30pm.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Robbins Library Reading Room. Thomas Carroll from Menotomy Grill and Tavern will be the Responsible Manager. His 24-hour contact number is 781-808-1383. Both will be responsible for ensuring that the event runs smoothly.

Parking will be in the Robbins Library Lot.

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