

SPECIAL ALCOHOL LICENSE APPLICATION

Wayland, Ma.

Michelle Noska, Beaujolais Catering, 207 Btoadway Arlington, Ma. 02474

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).

one-time event

617-519-6081

Title of Event:

50th High School Reunion

Date/time of Event: Friday, June 3, 2022 6:30 – 10:30 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer

Method(s) of invitation/publicity for Event: email/mail invitation

Number of people expected to attend:

120

Expected admission/ticket prices: Event is being sponsored by a classmate – no ticket admission

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

\$2 for soft drink, \$6 for wine/beer

Will persons under age 21 be on premises?

No

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

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. Radeau

Date 5-24-22

OFFICER COREY P. RADEAU

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.)

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

Appetizers, buffet dinner, sodas, waters

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

Beaujolais Catering 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)

Kappy's, Everett

Date of Delivery: Friday, June 3, 2022

Alcohol Serving Time (s): 6:30 pm – 10:00 pm

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

Kappy's will pick up excess alcohol

Date of Pick-Up: Monday, June 6, 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.)

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: Tom Gennis

Printed title & Organization name: AHS 50th Reunion Committee

Email: tggennis@gennislaw.com



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

11 May 2022

SECURITY PLAN FOR – AHS 50TH REUNION CELEBRATION

A 50th Reunion event for the Arlington High School class of 1972 will Be held on Friday, June 3, 2022, at Arlington Town Hall. The event will run from 6:30 pm - 10:30 pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 120 guests to attend.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Beaujolais Catering will be catering the event and will provide the bartending service and the TIPS certified bartending staff. The 50th Reunion planning committee is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise.

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.



etIPS On Premise 3.1

CERTIFICATE

Issued: 6/22/2021

Expires: 6/22/2022

#: 5495585

Aldo G De Oliveira

Revere, MA 02151-5808

Service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2022

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 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): | |
| INSURED Michelle C Noska 207a Broadway Arlington MA 02474 | | INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Ins Co INSURER B: Safety Insurance Co INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 29459 39454 | |

COVERAGES **CERTIFICATE NUMBER:** CL2232931437 **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 | 04/09/2022 | 04/09/2023 | 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 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 6227097 | 01/21/2022 | 01/21/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input type="checkbox"/> 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 \$ |
| A | Liquor Liability | | | 08SBAAA8353 | 04/09/2022 | 04/09/2023 | Each Occurance \$ 1,000,000 Agregate \$ 1,000,000 |

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

Town of Arlington is named additional insured

CERTIFICATE HOLDER

CANCELLATION

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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