

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Jeffrey O'Connell

Address, phone & e-mail contact information:

Name & address of Organization for which license is sought:

same

Does this Organization hold nonprofit status under the IRS Code? ____ Yes X ____ No

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

Gina Caligiuri Kurban

Address, phone & e-mail contact information:

Aceituna Grill, 267 Newbury Street, Boston Ma. 857-239-8973 gina@aceituna.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:

Title of Event: wedding reception

Date/time of Event: Sunday, September 3, 2023 4:00 pm – 9:30 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer

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

Number of people expected to attend: 140

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 ID everyone

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.

OFC Corey P. Rabeau Date 8/8/23
OFC Corey P. Rabeau
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 – appetizers, main course, dessert, sodas, waters

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

Bartending staff from Event Temp (subcontracted to Aceituna Grill)

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.

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: Saturday, September 2, 2023

Alcohol Serving Time (s):

4:00 pm – 9:00 pm

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

Kappy's will pick up excess alcohol on Tuesday, September 5, 2023

Date of Pick-Up: September 5, 2023

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 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: Jeffrey O'Connell_____

Printed title & Organization name: _____

Email: _____



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

7 August 2023

SECURITY PLAN FOR O'CONNELL WEDDING

Jeffrey O'Connell and Molly Fargeorge are holding a wedding reception event on Sunday, September 3, 2023. The event will take place from 4:00 pm to 9:30 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 140 people to attend.

Patsy Kraemer will be the event coordinator for the event. Aceituna Grill will provide food Event Temps will provide the bartending. Greg Stathopoulos will be the custodian for the event. The O'Connell and Fargeorge families 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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/14/2023

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 Dowling Insurance Agency, Inc 44 Adams Street P.O. Box 850962 Braintree MA 02185-0962	CONTACT NAME: Robyn Pepe PHONE (A/C, No, Ext): (781) 848-7652 FAX (A/C, No): (781) 380-8783 E-MAIL ADDRESS: rpepe@dowlingins.com														
INSURED Aceituna Grill Newbury LLC, DBA: Aceituna Grill 267-269 Newbury Street Boston MA 02116	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Arbella Protection Insurance Company</td><td></td></tr><tr><td>INSURER B: AmTrust North America, Inc.</td><td>26135</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arbella Protection Insurance Company		INSURER B: AmTrust North America, Inc.	26135	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** Town of Arlington**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:			8500073250	09/28/2022	09/28/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 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) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			4620122873	09/28/2022	09/28/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
B	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	SWC1412272	10/24/2022	10/24/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Event: Sunday September 3rd Arlington Town Hall

Town of Arlington is listed as additional insured in respects to General Liability per written contract prior to loss.

CERTIFICATE HOLDER**CANCELLATION**

Town of Arlington 730 Mass 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
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