

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

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Matt Guernsey

Address, phone & e-mail contact information: 251 Lowell St. Arlington, MA 02474

matt@drinkarlingtonbeer.com

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

ABC Beer Inc. dba Arlington Brewing Company

Does this Organization hold nonprofit status under the IRS Code? _____ Yes ☒ No

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

Address, phone & e-mail contact information: Matt Guernsey, Matt@drinkarlingtonbeer.com

Alternate: Tom Allen, Tom@drinkarlingtonbeer.com 251 Lowell St. 617-299-9095

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). Reservoir Beach Concert Series and Beer gardens, Friday 6/30-8/11

Is this event an annual or regular event? If so, when was the last time this event was held and at what location? Yes -- Same location by other vendors in prior years

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

Title of Event: Town Day Road Race Beer Garden

Date/time of Event: September 23, 2023 10:00 am - 2:30 pm

Location of Event: Arlington Reservoir Beach

Location/Event Coordinator: Matt Guernsey, ABC Beer Inc.

Method(s) of invitation/publicity for Event: Online and Social Media

Number of people expected to attend: 300-500

Expected admission/ticket prices: Free admission

Expected prices for food and beverages (alcoholic and non-alcoholic): Beer \$9; food available for \$5-\$20 depending on menu item

Will persons under age 21 be on premises? yes

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

See accompanying Security Plan

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.

Printed name/title

Mr. Corey F. Robison

Date: 7-24-23

POLICE COMMENTS:

Request 2 safety details per licensing guidelines.
Staffing levels required for Town Day may preclude
being able to fill the positions

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

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

Seltzer, Bottled Water, Soda

Food options BBQ or other food vendors

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

ABC Beer Inc. dba Arlington Brewing Company - License# FB-LIC-000353

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. _____

all servers are TIPS certified. see security plan for certifications.

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. _____

Matt Guernsey -

Peter Caradonna

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

ABC Beer Inc. dba Arlington Brewing Company

Date of Delivery: Same Day as event, delivered between 9:30 and 10:00 am

Alcohol Serving Time (s): 10:00-2:00

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

Returned to ABC Beer Inc.

Date of Pick-Up: Same day as event, removed by 3:00 pm

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.) _____

see attached certificate of insurance.

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: Matt Guernsey

Printed title & Organization name: Owner, ABC Beer Inc.

Email: matt@drinkarlingtonbeer.com