

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

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Grace Yao

Address, phone & e-mail contact information:

Name & address of Organization for which license is sought:

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

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

Barbara (Bobbi) Turkington

Address, phone & e-mail contact information:

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

WINTER 15/10/15

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

Title of Event: Wedding Ceremony & Reception

Date/time of Event: 9/9/23; 3pm - 10pm

Location of Event: Whittemore Robbins House
Location/Event Coordinator: Victoria Rose
Method(s) of invitation/publicity for Event: mailed + emailed invitations
Number of people expected to attend: 80
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 - ages 3, 6 + 8
If "yes," please detail plan to prevent access of minors to alcoholic beverages. _____

see attached security plan
The bartenders will enforce Tips Certification requirements.

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.

Off. Cory F. Kahan
Printed name/title

Date: 8-8-23

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? _____

bubble tea, soda, seltzer, water

Food: Pork belly bao, scallion pancakes, fried rice, beef rolls, Fish sauce wings, shrimp spring rolls, steamed fish fillets, Chinese sausage, shrimp, scallops

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

Robert Vaughn + Barbara (Bobbi) Turkington

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. _____

Both bartenders have TIPS 360 Training certificates included with application

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. _____

Robert Vaughn

Barbara (Bobbi) Turkington

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

Kappys Importing + Distributing Company in Everett

Date of Delivery: 9/9/2023

Alcohol Serving Time (s): 5pm - 9pm

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

all unused alcoholic beverages will be picked up-Kappy's & opened, unfinished alcoholic beverages will be placed in trunk of clients car by the responsible manager, if need

Date of Pick-Up: 9/11/23

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.)

documents included with application

1. tips certificates
2. Liquor Liability Insurance
3. security letter
4. pending General Liability Insurance from caterer

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: _____



Issued: 07/13/2023
Certificate #: 00000000000000000000

Barbara Turbington

11462

CERTIFIED

Expires: 07/12/2024



Phone: 800-438-8477

www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____



Issued: 03/04/2023
Certificate #: 00000000000000000000

Robert Vaughan

4 13472

CERTIFIED

Expires: 03/03/2024



Phone: 800-438-8477

www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____

Grace Yao
261 Lowell Street Arlington, MA 02474
Wedding Ceremony and Reception
September 9, 2023
Whittemore Robbins House
Security Plan

A Wedding Ceremony and Reception will be held at the Whittemore Robbins House on Saturday, September 9, 2023 from 3:00pm-10:00pm. Alcohol service will be from 5:00pm-9:00pm. A Special Alcohol License Application has been submitted to the Arlington Select Board.

This is the Security Plan.

We anticipate 80 guests. There are 8 guests between the ages of 3 years to 8 years.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Trang Le from Mint Worcester will provide the appetizers, and main course food options. (See menu items in application) water, soda and seltzer. Bobbi Turkington from B & B Bartending , bartender and responsible manager, will serve the beer and wine. The bartender will follow the rules of TiPS certification. The foodservice staff, the bartender and responsible manager and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be in the Whittemore Robbins House and Robbins Library parking lots and on the side streets, as well as Massachusetts Avenue.

Please advise if there are other items to consider.

Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/2023

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 Gerardi Insurance Services 16 Pomfret Street Putnam CT 06260	CONTACT NAME: Cara Mayhew PHONE (A/C, No, Ext): (860) 928-7771 FAX (A/C, No): (860) 928-7144 E-MAIL ADDRESS: CMayhew@hilbgroupp.com
INSURED TL Food LLC, DBA: Mint Restaurant & Bar Mint Restaurant & Bar 79 Maywood St Worcester MA 01603	INSURER(S) AFFORDING COVERAGE INSURER A: Sutton Specialty Insurance Co INSURER B: Travelers Indemnity Co of CT INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER: 23-24	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	ISCH0200000117-00	03/30/2023	03/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Liquor Liability \$ 1,000,000
	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) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	UB3T6223052342	03/30/2023	03/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 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)

Whittemore Robbins House is included as additional name insured when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**Whittemore Robbins House
670R Massachusetts 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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