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

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Sam Richard								
Address, phone & e-mail contact information:								
Arlington, MA								
Name & address of Organization for which license is sought: _///								
Does this Organization hold nonprofit status under the IRS Code?YesNo								
Name of Responsible Manager of Organization (if different from above):								
Amanda Zahner								
Address, phone & e-mail contact information: 5 Crestwood Drive, Framingham M.A. 01701, 508-962-4457, tastings. catering@gmail.com	N							
MA 01701 508-962-4457 tastings. catering@gnail.com	n							
Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? 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: Bridal Shower								
Date/time of Event: 9/16/23 //am - / p/M								

Location of Event: Whitemore Robbins House										
Location/Event Coordinator: Victoria Rose										
Method(s) of invitation/publicity for Event: <u>Paper Invites</u>										
Number of people expected to attend:										
Expected admission/ticket prices:										
Expected prices for food and beverages (alcoholic and non-alcoholic):										
•										
Will persons under age 21 be on premises? <u>one</u> (4 years old)										
If "yes," please detail plan to prevent access of minors to alcoholic beverages.										
hartender will enfance the TiPS										
certification requirements.										
Have you consulted with the Department of Police Services about your security plan for the Event?\/ \P\\										
<i>y</i>										
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. Date: 8/31/23 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.)									
wine									
What types of food and non-alcoholic beverages do you plan to serve at the Event?									
see attached menu									
Who will be responsible for serving alcoholic beverages at the Event?									
Bartender - Kimberly Dragoo									
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 360 Training									
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.									
Kimberly Dragoo -									
Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc)									
Kappy Importing + Distributing, Co.									
Date of Delivery: 9/10/23									
Alcohol Serving Time (s): 11:00 am - 12:30pm									

Lappys. Opened will be placed in FLQ. Hunk of the Clientican by the Responsible Date of Pick-Up: 9/18/23
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Hunk of the clientical by the Responsible
manager alializa
Date of Pick-Up' ///// E.J
/ /
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.)
. TIPS coptificate
2. General + Liquor Liability
3. Security letter.
4. menu
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: Sam Kichard
Printed name: Sum Kichard
Printed title & Organization name: <u>Bridal Shower</u>
Email:





CERTIFICATE OF COMPLETION

This certifies that

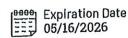
<u>Kimberly Dragoo</u>

is awarded this certificate for

TIPS On-Premise Alcohol Server Training

Hours 3.00







South No Thoro

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

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THE Comments

Termedalla (W2023) confidence (CONTRACTORS (COS))

Einkerly Trages (25 Browner Ave

M.V. 021E

CERTIFIED

Explica: 05/16/2026





Phone: 800-438-8477 www.gettips.com

This card was issued for successful completion of the

Tastings Caterers 5 Crestwood Drive

Framingham, MA 01701

Phone: 508-879-9191 Email: tastings.catering@gmail.com

June 27, 2023

Tabitha Crowell

Email: whitmansgettingmerried23@gmail.com

Dear Tabitha,

Following is the menu you are interested in for your upcoming shower brunch to be held on Saturday, September 16, 2023 at the Whittemore Robbins House, Arlington from 11:00 until 1:00 for approximately 30 – 40 guests.

Menu

Brown Butter Coffee Cake

Glutenfree Blueberry Muffins - of

Baked Egg Casserole with Spinach and Tomatoes

Our Signature Homefries - gf

Turkey Sausage Patties - gf

Caesar Salad with lots of Homemade Croutons – gf without croutons

Assorted Finger Sandwiches:

Turkey, Swiss Cheese, Lettuce, Tomato and Mayonnaise Chicken Salad with Lettuce and Tomato –gf guests can have scoop of chicken salad without the bread

Fresh Fruit Salad - gf

Shower Cake - you provide

Coffee - Tea - Cranberry Juice - Orange Juice

Mimosas - you provide the prosecco and juices

Samantha Richard

Bridal Shower September 16, 2023 Whittemore Robbins House Security Plan

A Bridal Shower will be held at the Whittemore Robbins House on Saturday, September 16, 2023 from 11:00am-1:00pm. Alcohol service will be from 11:00am-12:30pm. A Special Alcohol License Application has been submitted to the Arlington Select Board.

This is the Security Plan.

We anticipate 15 guests. There will be one four-year-old child.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Amanda Zahner, Responsible Manager, from Tastings Caterers will provide the Coffee Cake, Muffins, Egg Casserole, Homefries, Turkey Sausage Patties, Assorted finger sandwiches, Coffee, Tea, Cranberry Juice, Orange Juice. TiPS Certified Bartender, Kimberly Dragoo will serve 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.



COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/25/2023

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(les) 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

D. Francis Murphy Insurance Agency, Inc.

50 Main Street
Hudson MA 01749

PHONE
LAC, No, Ext): 800-222-8711

EMAIL:
ADDRESS: certificate of insurance@dfmurphy.com

50 Main Street Hudson MA 01749 INSURER(S) AFFORDING COVERAGE NAIC# 22292 INSURER A: Hanover Insurance Company License#: 471 INSURER B: Citizens Insurance Co. of America 31534 INSURED Taste Inc. dba Tastings Caterers INSURER C: Progressive Casualty Insurance Co 24260 5 Crestwood Dr Framingham MA 01701 INSURER D: INSURER E: INSURER F:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

CERTIFICATE NUMBER: 1563275135

Town of Arlington is included as additional insured with respects to general liability and liquor liability policies

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.											
INSF			ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	Х	COMMERCIAL GENERAL LIABILITY	Y	Ī	ZHN515087214	6/21/2023	5/21/2024	EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE X OCCUR]					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
								MED EXP (Any one person)	\$ 10,000		
			1					PERSONAL & ADV INJURY	\$ 1,000,000		
	GEI	VL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
		POLICY PRO-	1					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
		OTHER:	l						\$		
c	ΑU	OMOBILE LIABILITY	Γ		03931410-6	9/23/2022	9/23/2023	COMBINED SINGLE LIMIT (Ea accident)	\$		
	Г	ANY AUTO	l	[BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ 5,000		
		ADJOS BNET						Option 81	\$ 250/500		
	1	UMBRELLA LIAB OCCUR		1				EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION\$	1	1					\$		
В		RKERS COMPENSATION			WBN6181713	3/3/2023	3/3/2024	X PER OTH- STATUTE ER			
	ANY	EMPLOYERS' LIABILITY PROPRIETORIPARTNER/EXECUTIVE	N/A	į	·			E.L. EACH ACCIDENT	\$ 100,000		
	OFF	CER/MEMBER EXCLUDED?	NIA					E.L. DISEASE - EA EMPLOYEE	\$ 100,000		
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000		
Α		or Liability			ZHN615087214	5/21/2023	5/21/2024	Each Common Cause Aggregate Limit	1,000,000 1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bridal shower to be catered on September 16, 2023											

CERTIFICATE HOLDER

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

670R Massachusetts Ave Arlington MA 02476 USA

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REVISION NUMBER: