

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

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant: Barbara Franco

Address, phone & e-mail contact information: \_\_\_\_\_

Harrisburg, PA 17110,

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): \_\_\_\_\_

Shelly Longmoore / Melissa Morton

Address, phone & e-mail contact information: Neillias 53 Bedford St.

Lexington, MA 02420.

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: \_\_\_\_\_

Melissa Morton

Title of Event: Remembering Jack Mayer

Date/time of Event: 9/17/23 2pm-5pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

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

Number of people expected to attend: 50-100

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? 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

security plan included with application + the tip certified bartender will enforce TIPS certification requirements

**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. Corey J. Bohannon  
Printed name/title

Date: 8/30/23

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? \_\_\_\_\_

Luncheon Buffet with salads,  
sandwiches, calzones, dessert,  
coffee, soda and assorted appetizers.

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

John M. Lespasio

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 off Premise 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. \_\_\_\_\_

John M. Lespasio      1      1

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

Kappys Importing & Distributing Company in  
Everett, MA

Date of Delivery: 9/16/23

Alcohol Serving Time (s): 2pm - 4:30pm

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

All unused alcoholic beverages will be  
picked up by Kappy's + opened, unfinished  
alcoholic beverages will be placed in the client's trunk  
by the responsible manager, if needed.

Date of Pick-Up: 9/18/23

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  
applications:  
1. Tips Certificate  
2. Liquor + General Liability Insurance  
3. Security letter

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:

Barbara Franco

Printed name:

Barbara Franco

Printed title & Organization name:

Remembering Jack Mayer

Email:



NEILATL-01

KPAVLENKO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2023

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).

<b>PRODUCER</b> Kovalev Insurance Agency, Inc. 188 Needham St Suite 220 Newton, MA 02464		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (617) 562-6060 <b>FAX (A/C, No):</b> (617) 562-0990 <b>E-MAIL ADDRESS:</b> insurance@kovalevinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> The Hartford	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED**  
  
Neillio's at Lexington Inc dba Neillio's Gourmet Farm  
53 Bedford St  
Lexington, MA 02420

## COVERAGES

CERTIFICATE NUMBER:

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 OTHER:			08SBAAAP5RGD	12/23/2022	12/23/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			08UECBC3936	12/23/2022	12/23/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			08SBAAAP5RGD	12/23/2022	12/23/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			08SBAAAP5RGD	12/23/2022	12/23/2023	Each Common Cause 1,000,000
A	Liquor Liability			08SBAAAP5RGD	12/23/2022	12/23/2023	Aggregate 2,000,000

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

Event: The Whitmore Robins House, 670R Mass Ave, Arlington, MA 02476

Type of Event: Beravement

Number of Guests: 70

To Be Served: Beer and Wine

Event Date: May 20, 2023

Whitmore Robbins, Barbrara Franko and William Blake

Town of Arlington is Included as an additional insured on the General Liability policy with regards to the event listed above, as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Arlington

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



**Off Premise**

**CERTIFIED**

**Issued: 6/17/2021**

**Expires: 6/10/2024**

**ID#: 5491916**

**JOHN M LESPASIO**

**Burlington, MA 01803-4418**

**For service visit us online at [www.gettips.com](http://www.gettips.com)**

**PS Trainer: Brandon Moon, 66380**



## Town of Lexington

1625 Massachusetts Avenue, Lexington, MA 02420 (781) 698-4533

# FOOD ESTABLISHMENT PERMIT - RENEWED

Permit #: FM-22-3

Fee Paid: \$450.00

Expires: March 31, 2024

In accordance with Regulations promulgated under authority of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws a Permit is hereby granted to:

Kevin O'Neill

Establishment: Neillio's

Location: 53 BEDFORD ST  
Lexington, MA 02420

Type of business:

Comments:

This permit is non-transferable.

Joanne Belanger  
Health Director



Barbara Franco



Remembering Jack Mayer  
September 17, 2023  
Whittemore Robbins House  
Security Plan

A Celebration of Life will be held at the Whittemore Robbins House on Sunday, September 17, 2023 from 2:00pm-5:00pm. Alcohol service will be from 2:00pm-4:30pm. A Special Alcohol License Application has been submitted to the Arlington Select Board.

This is the Security Plan.

We anticipate 50-100 guests. There will be no guests under the age of 21.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Melissa Morton, Responsible Manager, from Neillio's will provide the appetizers, and main course food options and provide coffee, water, soda and seltzer. Bartender, John M. Lespasio, 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.