

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Subasree Varadarajan

Address, phone & e-mail contact information:

@gmail.com

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):

Gourmet India Vishal Sood

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

75 Middlesex Turnpike, Burlington, Ma. 01803 781-270-0200 www.gourmet-india.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 ceremony and reception

Date/time of Event: Sunday October 8 2023 3:00 pm – 10:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer

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

Number of people expected to attend:

200

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.

Bartending staff will check ID's of guests consuming alcohol.

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. Roteau Date 9-7-23  
Ofc Corey P. Roteau  
Printed name/title

POLICE COMMENTS:

Request 1 (one) safety detail

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/juices

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

Bartending staff of Gourmet India

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

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.

attached

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))

Kappy's Everett

Date of Delivery: Saturday 10/7/2023

Alcohol Serving Time (s): 3:30 – 8:30 pm

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

Kappys will take back excess alcohol.

Date of Pick-Up: Monday, 10/9/2023

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.

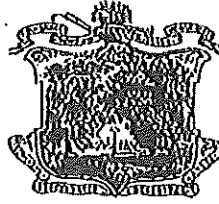
**I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:**

Signature: Subasree Varadarajan

Printed name: \_\_\_\_\_

Printed title & Organization name: \_\_\_\_\_

Email: subasree@gmail.com



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

30 August 2023

**SECURITY PLAN FOR VARADARAJAN WEDDING**

The Varadarajan family is holding a wedding at the Arlington Town Hall on Sunday, October 8, 2023. The event time is 3:00 pm – 10:00 pm. A One-Day Permit has been submitted to the Select Board.

This is the Security Plan.

We anticipate approximately 200 people to attend. We expect some children to be part of the guest list.

Patsy Kraemer will be the event coordinator for the event. Food and bartending service will be provided by Gourmet India. Greg Stathopoulos will be the custodian for the event. The Varadarajan family will be responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. A police detail will be requested.

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.



NANDI-1

OP ID: BJ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2023

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> Platinum Insurance Agency 155 Middlesex Turnpike Burlington, MA 01803 Niru Bhatia Yadav	781-859-5356	<b>CONTACT NAME:</b> Niru Yadav <b>PHONE (A/C, No, Ext):</b> 781-859-5356 <b>FAX (A/C, No):</b> 781-583-5012 <b>E-MAIL ADDRESS:</b> Niru@platinuminsuranceagency.com
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Concord Group Insurance		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>INSURED</b> Nandi Foods, Inc. Gourmet India Nandi Foods, Inc. DBA 2 Hannah Graves Way North Reading, MA 01864
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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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 <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		20051496	05/15/2023	05/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY 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	X		20051643	05/15/2023	05/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ CSL
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10000	X		20051496	05/15/2023	05/15/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		A106-603-967	05/15/2023	05/15/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Businessowners			20051496	05/15/2023	05/15/2024	PROPERTY DEDUCTIBL 200,000 1,000

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

Town of Arlington is listed as Certificate Holder and Additional Insured.

30 days written notice of cancellation applies.

## 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  
Niru Bhatia Yadav

# NOTEPAD

INSURED'S NAME Nandi Foods, Inc.

NANDI-1  
OP ID: BJ

PAGE 2  
Date 09/05/2023

Description of Operations/Locations/Vehicles:  
MEMORIAL CONVENTION CENTER

1. Levy Premium Foodservice Limited Partnership; specifically including all of its partners





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PRODUCER	CONTACT NAME: Vickie
Kalivas Insurance Agency, Inc. 635 Massachusetts Ave PO Box 148 Arlington, MA 02476	PHONE (A/C, No, Ext): 781-648-0060 FAX (A/C, No): 781-648-5633 E-MAIL ADDRESS: vickie@kalivasinsurance.com
INSURED	INSURER(S) AFFORDING COVERAGE
Exquisite Event Service LLC 59 Mystic St Arlington, MA 02474	INSURER A : US Liability INSURER B : SAFETY INSURANCE INSURER C : INSURER D : INSURER E : INSURER F :

## COVERAGES

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A	COMMERCIAL GENERAL LIABILITY 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:	Y		CP1752955B	04/22/23	04/22/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			592500200	04/22/23	04/22/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED 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	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY	Y		CP1752955B	04/22/23	04/22/24	EACH PERSON 1,000,000 PER ACCIDENT 1,000,000 AGGREGATE 2,000,000

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

BARTENDING SERVICE/ GL AND LIQUOR LIABILITY . CERTIFICATE HOLDER IS ADDITIONAL INSURED PER BLANKET ENDORSEMENT

## CERTIFICATE HOLDER

## CANCELLATION

TOWN OF ARLINGTON  
730 MASS AVE  
ARLINGTON, MA 02474

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AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: 4501

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Kalivas Insurance Agency, Inc.		NAMED INSURED Exquisite Event Service LLC Exquisite Event Service LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_



NANDI-1

OP ID: BJ

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INSURER A : Concord Group Insurance		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED  
Nandi Foods, Inc.  
Gourmet India  
Nandi Foods, Inc. DBA  
2 Hannah Graves Way  
North Reading, MA 01864

## COVERAGES

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Niru Bhatia Yadav

# NOTEPAD

INSURED'S NAME Nandi Foods, Inc.

NANDI-1  
OP ID: BJ

PAGE 2  
Date 09/05/2023

Description of Operations/Locations/Vehicles:

MEMORIAL CONVENTION CENTER

1. Levy Premium Foodservice Limited Partnership; specifically including  
all of its partners