

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: LESLEY ELLIS SCHOOL / JEANETTE KELLER

Address, phone & e-mail contact information: 41 FOSTER ST. ARLINGTON
781-641-5987 jkeller@lesleyellis.org

Name & address of Organization for which license is sought: LESLEY ELLIS SCHOOL
41 FOSTER ST ARLINGTON

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

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

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?

YES, ANNUAL EVENT. MARCH 21, 2015

24-Hour contact number for Responsible Manager on Event date: 781-354-9376

Title of Event: LESLEY ELLIS SCHOOL AUCTION for FINANCIAL ASST.

Date/time of Event: MARCH 19, 2016 7:00 p.m - 11:00 p.m.

Location of Event: 34 WINTER ST. ARLINGTON

Location/Event Coordinator: JEANETTE KELLER

Method(s) of invitation/publicity for Event: HAND + U.S. MAIL to School Community

Number of people expected to attend: 150 people

Expected admission/ticket prices: free, invitation only

Expected prices for food and beverages (alcoholic and non-alcoholic): \$5 per drink - non-alcohol drinks are free, food is complimentary

Will persons under age 21 be on premises? NO

If "yes," please detail plan to prevent access of minors to alcoholic beverages. N/A

Have you consulted with the Department of Police Services about your security plan for the Event?
in process

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 _____

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.)

BEER, WINE, specialty drink to be determined.

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

WATER, SODA, COFFEE, TEA dinner type food

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

TIPS # 3683131 BRITT PORTER
TIPS # 3688536 DAN O'DONNELL

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 CERTIFIED

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.

DAN O'DONNELL Jan. 9, 1990

BRITT PORTER July 10, 1990

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

BOSTON BEER CORP. Atlas Liquors, 156 Mystic Ave. Medford MA.

Date of Delivery: pick-up day before: by two separate adults (beer)
Alcohol Serving Time (s): 7-11 p.m. wine to be delivered by Atlas dist.

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

excess alcohol will be disposed the next day by Jeanette Keller
or -

Date of Pick-Up: the auction committee will divide

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.
Philadelphia Ins. Agency, General Liability, Schools for Children

Please submit this completed form and filing fee to the Board of Selectmen 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: Jeanette Keller

Printed name: JEANETTE KELLER

Printed title & Organization name: AUXILIARY PROGRAM DIRECTOR

Email: jkeller@lesleyellis.org

Security Plan for Liquor License Application

Lesley Ellis Little Bit Country, Little Bit Rock & Roll Auction – March 19, 2016

We have held this event several times in the past and the general atmosphere of parents and staff in their school community discourages over-indulgence while also encouraging folks to watch out for each other – problems are rare to non-existent. Non-the-less here are the points of our plan.

- Jeanette Keller keeps a general eye on the crowd, and is the go to person if a concern arises. As an administrative staff member (who has been at the school for 29 years) she knows everyone at the event.
- Double doors to the Crosby School Gym (Dearborn Academy) remain open during the entire event.
- Staff working the event is informed of exits and exit signs are clearly visible.
- The school lot provides the majority of the parking necessary, additional parking is on the street.
- The bar will close a half hour before the event ends. And as this is a community event many people stay another half hour to 45 minutes helping to stack chairs etc.

This event is very much a community event – 95% of which are currently parents and staff. We do not expect any under-age participants, Lesley Ellis is a preschool-8th grade school and students are not invited to the event.

Jeanette Keller, whose adult children have served as bartenders for us several times before, manages all food and beverages at the event. She and several other Lesley Ellis staff including Jen Hodgdon, Director of Development and Deanne Benson, Head of School, all have obligations through-out the event and do not drink. Administrative staff that participates provides additional reliable oversight, but is still attending a “work event” including Ted Wilson, President of Schools for Children (the parent organization of Lesley Ellis School). All have a vested interest in maintaining a healthy and safe atmosphere. Jeanette has years of experience managing events and catering experience and have been known to inform the very rare individual who has caused the slightest concern that they need to refrain – as well as insuring that the individual has a safe ride home.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/26/2015

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 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
Surplus Services Insurance Agency, Inc.
150 Wells Avenue

Newton MA 02459

INSURED
Schools For Children
20 Academy Street
Suite 200
Arlington MA 02174

CONTACT NAME: Tricia Ducey
PHONE (A/C, No. Ext): (617) 964-5340 FAX (A/C, No): (617) 965-1843
E-MAIL: pducey@telamonins.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1471715265

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK1043341	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			PHUB427041	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
A	PROPERTY			PHPK1043341	7/1/2014	7/1/2015	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Town of Arlington is included as additional insured, with respects to the Lesley Ellis Fundraiser being held at 34 Winter Street - Arlington MA - 3/21/2015.

CERTIFICATE HOLDER

Town of Arlington
Office of the Town Manager
730 Massachusetts Ave
Arlington, MA 02476

CANCELLATION

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

Michael Susco/RUTHD

Print

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Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 2.0
For coursework completed on March 6, 2014
provided by Health Communications, Inc.
is hereby granted to:

Jeanette Keller

Certification to be sent to:

**5 John St
Reading MA, 01867-2719 USA**



HEALTH COMMUNICATIONS, INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



IPS eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 3/6/2014 Expires: 3/6/2017
ID#: 3672677 D.O.B.: XX/XX/XXXX

Jeanette Keller
6 John St
Reading, MA 01867-2719

For service visit us online at www.gettips.com

IMPORTANT: Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

TIPS[®] eTIPS On Premise 2.0 SSN: XXX-XX-XXXX
Issued: 3/20/2014 Expires: 3/20/2017
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Brittany Elizabeth Porter
5 John St
Reading, MA 01867-2719

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eTIPS On Premise 2.0 SSN: XXX-XX-XXXX

Issued: 3/27/2014

Expires: 3/27/2017

ID#: 3688536

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