

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Dhruba Ghimire

Address, phone & e-mail contact information:

10 Avon Street, Everett, Ma. 02149 617-818-3632
dhrubagc@yahoo.com

Name & address of Organization for which license is sought:

private party

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?

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

Dhruba Ghimire - 781-818-3632

Title of Event:

Sweet Sixteen Birthday Party

Date/time of Event:

Friday, March 25, 2016

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend: 250 - 130 adults 120 youth

Expected admission/ticket prices:

None

Expected prices for food and beverages (alcoholic and non-alcoholic):

None

Will persons under age 21 be on premises?

Yes

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

Adults 21 and over will have a stamp on their hand checked by a staff person assigned for processing identification

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.

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 and wine

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

full dinner and juices/waters

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

Coriander Bistro bartending staff (restaurant owned by Mr. Ghimire)

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.

Puspa Ehrestha DOB 3/2/1966 and Kiran Khadka DOB 10/25/1965

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

Kappy's, Everett

Date of Delivery: Friday, March 25, 2016

Alcohol Serving Time (s): 6:30 - 11:00

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

Kappy's will pick up the alcohol on Saturday, March 26th.

Date of Pick-Up: Saturday March 26

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 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: _____

Printed name: Dhruba Ghimire

Printed title & Organization name: _____

Email: dhrubagc@yahoo.com

revised: 5/18/2015

reformatted: 2/25/2016



ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

3 March 2016

SECURITY PLAN FOR GHIMIRE BIRTHDAY PARTY

A family and friends' dinner and birthday party for his sixteen year-old daughter is being planned by Mr. Dhruba Ghimire and his wife. The party is being catered by Mr. Ghimire's business Coriander Bistro, Sharon, Ma. The party will be held at the Arlington Town Hall Auditorium on Friday, March 25, 2016. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Guests will be at the party by invite only. We anticipate approximately 250 people to attend. There will be a mix of 130 adults and 120 high school students at the event. As people arrive at the event they will be asked for an ID to verify their age. If they are old enough to drink alcohol they will receive a stamp on their hand. A staff person will be assigned the task of checking id's and then putting a stamp on the hand of anyone old enough to have wine or beer.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event.

A police detail will be hired for the event (if required) and a fire services detail will be hired for the event. These officers will be available to help with any emergency situations that may arise.

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.

Date 6/18/2004

No. 3942533

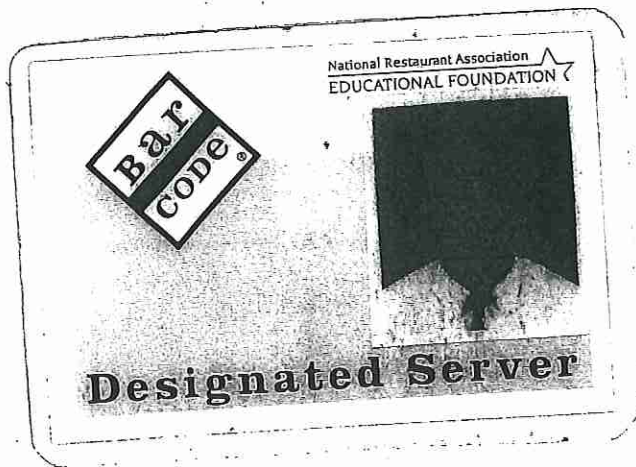
ID Number 2370592

DHRUBA GHIMIRE

As a Bar Code® professional, I am trained in
safe and responsible beverage alcohol service.

Mary M. Adolf

Mary M. Adolf, President and Chief Operating Officer
National Restaurant Association Educational Foundation





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2016

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 Zain Jeewanjee Insurance Agency 1494 Hamilton Ave Suite 101 San Jose CA 95125	CONTACT NAME: Zain Jeewanjee	
	PHONE (A/C, No, Ext): 408-286-1111 ext 2	FAX (A/C, No): 408-997-7890
	E-MAIL ADDRESS: zain@g1g.com	
INSURED Dhruba Ghimire 10 Avon St Everett MA 02149	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New Hampshire Insurance Company	
	INSURER B: United States Fire Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	SEL064079709 US571698	02/29/2016 02/29/2016	02/29/2016 02/29/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Liquor Liability* \$1M/\$1M						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Medical Expense						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 1,000,000
OTHER:							\$
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							\$
<input type="checkbox"/> NON-OWNED AUTOS							
UMBRELLA LIAB							EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB							AGGREGATE \$
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The Certificate Holder is added as Additional Insured with respects to our Insured's operations only.

This insurance is primary and non-contributory as required by written contract.

This coverage is with respect to Sweet Sixteen Party event to be held 3/25/2016 - 3/26/2016 at Arlington Town Hall Arlington MA

CERTIFICATE HOLDER**CANCELLATION**Arlington Town Hall
670r 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

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	E-MAIL ADDRESS: zain@g1g.com		
INSURED Dhruba Ghimire 10 Avon St Everett MA 02149	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: New Hampshire Insurance Company		23841
	INSURER B: United States Fire Insurance Company		21113
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

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	<input type="checkbox"/> HIRED AUTOS	BODILY INJURY (Per accident) \$				
	UMBRELLA LIAB <input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			E.L. DISEASE - EA EMPLOYEE \$	
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