

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant:

Paula Antonovich

Address, phone & e-mail contact information:

Waldorf School of Lexington, 739 Mass. Ave., Lexington, Ma. 02421

Name & address of Organization for which license is sought:

as above

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 ☐ Yes 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 - May 2015 - Arlington Town Hall

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

Paula Antonovich , 781-863-1062

Title of Event:

Spring Benefit

Date/time of Event:

Saturday, May 14, 2016, 6:30 - 11:00

Location of Event:

Arlington Town Hall

Location/Event Coordinator:

Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

Mailed invitation/school publicity

Number of people expected to attend:

170+

Expected admission/ticket prices:

\$85 per ticket

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

\$8 beer/wine, \$10 mixed drink

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

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:

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/cocktails _____

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

savory tapas, sweets, juices, waters _____

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

Seasons to Taste Catering _____

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.

see attached _____

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

Atlas Liquors, Medford _____

Date of Delivery: Sat. 5/14/2016 _____

Alcohol Serving Time (s): 6:30 pm - 10:30 pm _____

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

Atlas will pick up excess alcohol _____

Date of Pick-Up: Mon. May 16, 2016 _____

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.)

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: Paula Antonovich

Printed title & Organization name: Director of Development, Waldorf School of Lexington

Email: p.antonevich@thewaldorfschool.org

revised: 5/18/2015

reformatted: 2/25/2016



ROBBINS MEMORIAL TOWN HALL AUDITORIUM

730 Massachusetts Avenue, Arlington, Ma. 02476

13 April 2016

SECURITY PLAN FOR WALDORF SCHOOL FUNDRAISER/AUCTION

A fundraiser and auction for the Waldorf School of Lexington, Ma. will be held on Saturday, May 14, 2016 in the auditorium at Arlington Town Hall. The event is scheduled for 6:30 pm to 11:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Tickets will be sold for the event. We anticipate approximately 175 people to attend. Only adults who have purchased tickets for the fundraiser will attend this event.

Patsy Kraemer will be the event coordinator for the event. The caterer Seasons to Taste will provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 12 staff and parent members will be responsible for ensuring that the event runs smoothly.

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.

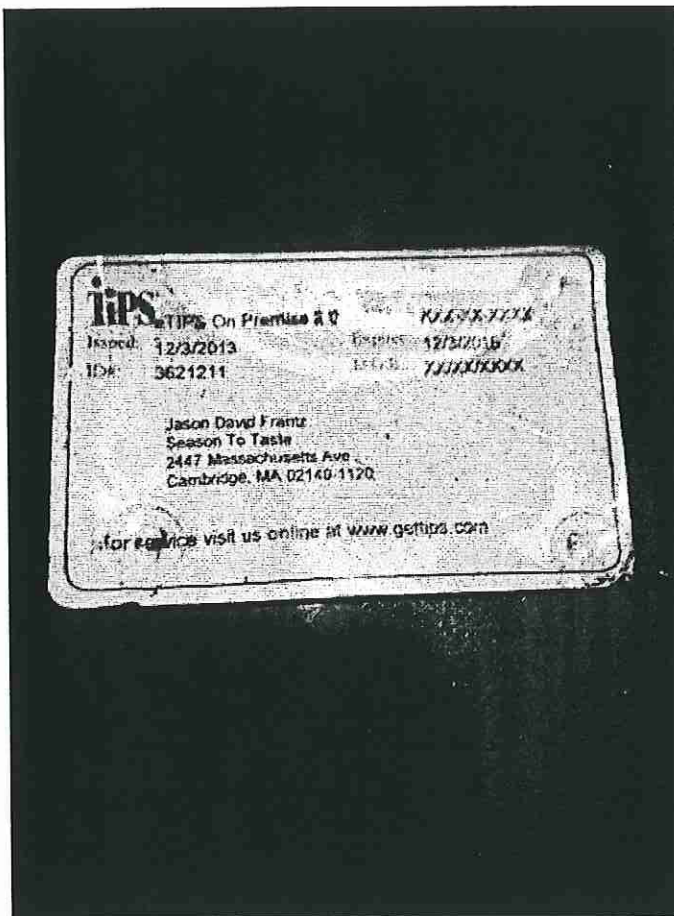
Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

Please advise if there are other items that we need to consider.

From: brittany lajoie <brittany@seasontotastecatering.com>
To: Patsy Kraemer <PKraemer@town.arlington.ma.us>
Date: 04/19/2016 02:12 PM
Subject: TIPS cards

Lead Bartender: Jason Frantz, DOB: 10/16/1987

Other Bartenders: Dustin Lajoie, DOB 7/28/1991
Dustin Dibona 10/3/1982



pat

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Brittany Lajoie
Catering Director
o. 617-826-9037
c. 802-353-7324
Season to Taste Catering
Mix n Match Drop Off Menu
The Table: Our Restaurant
Best Wedding Caterer Improper Bostonian 2011
Best of Boston 2010 and 2014 Boston Magazine



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/20/2016

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 T. Edmund Garrity & Co., Inc. 545 Concord Ave. Cambridge MA 02138		CONTACT NAME: Kathleen McCurdy PHONE (A/C No. Ext): (617) 354-4640 FAX (A/C No): (617) 354-5828 E-MAIL ADDRESS: kathy@garrity-insurance.com																						
INSURED Season To Taste Catering LLC 2447 Massachusetts Ave Cambridge MA 02140		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Charter Oak fire Ins Co</td><td>25615</td></tr><tr><td>INSURER B:</td><td>Travelers Casualty Ins Co</td><td>19046</td></tr><tr><td>INSURER C:</td><td>Travelers Indemnity Co</td><td>25658</td></tr><tr><td>INSURER D:</td><td>Travelers Indemnity Co CT</td><td>25682</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Charter Oak fire Ins Co	25615	INSURER B:	Travelers Casualty Ins Co	19046	INSURER C:	Travelers Indemnity Co	25658	INSURER D:	Travelers Indemnity Co CT	25682	INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: Master COI 2015

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			6809B767372	6/18/2015	6/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Liquor Liability		PERSONAL & ADV INJURY \$ 1,000,000				
	1,000,000					GENERAL AGGREGATE \$ 2,000,000	
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			BA3C916422	9/27/2015	9/27/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$				
						Medical payments \$ 5,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP0C405561	6/18/2015	6/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 1,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 5,000		\$				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB9B769236	6/18/2015	6/18/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> Y	N/A	E.L. EACH ACCIDENT \$ 500,000				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

LLC member, Robert Harris, is excluded from WC coverage.

Town of Arlington is listed as additional insured for general liability and liquor liability if so required by written contract as it relates to named insured's operations.

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

W Garrity/MONKSA