

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant: Shira and Adam Blumenstein

Address, phone & e-mail contact information:

36 Standish Rd., Needham, Ma. 02492 shirab36@gmail.com

Name & address of Organization for which license is sought:

private

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?

NO

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

Shira Blumenstein 781-400-5413

Title of Event:

Bar Mitzvah

Date/time of Event:

Saturday, May 21, 2016, 12 noon - 5:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose

Method(s) of invitation/publicity for Event:

invitation

Number of people expected to attend: 100-110

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.

Bartenders will check for ID's

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/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?

Forklift Catering Service

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.

Jeffrey Wiles 3/27/1988

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).)

Date of Delivery: Sat. 5/21/16

Alcohol Serving Time (s): 1:00 pm - 6:00 pm

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

Alcohol supplier will pick up

ATLAS

Date of Pick-Up: Mon.

5/23/16

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: Shira Blumenstein

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

Email: shirab36@gmail.com

revised: 5/18/2015 reformatted: 2/25/2016



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

21 April 2016

**SECURITY PLAN FOR BLUMENSTEIN BAR MITZVAH**

A Bar Mitzvah sponsored by Adam and Shira Blumenstein will be held on Saturday, May 21, 2016, in the auditorium at Arlington Town Hall. The event is scheduled for 1:00 pm to 6:00 pm.

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

This is the Security Plan.

We anticipate approximately 110 guests to attend. We anticipate some attendees will be under age. Therefore the bartending service will ID attendees.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Forklift Catering will be catering the event and will provide the TIPS certified bartending staff. The Blumenstein family is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer 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.

# TIPS Certification Card

This card is valid for the period of 12 months from the date of issuance. It is a requirement of the TIPS program that all servers be certified annually. This card is valid for the period of 12 months from the date of issuance. It is a requirement of the TIPS program that all servers be certified annually.

TYPICAL N.E. State is a registered sales and is a member of the TIPS program. The TIPS program is a requirement of the TIPS program that all servers be certified annually. This card is valid for the period of 12 months from the date of issuance. It is a requirement of the TIPS program that all servers be certified annually.



eTIPS On Premise 2.0  
 8/12/2015  
 4056559

XXX-XX-XXXX  
 8/12/2018  
 XXX-XX-XXXX

Issued: 8/12/2015  
 Expires: 8/12/2018  
 ID: 4056559

Lance P Jones  
 Forklift Catering  
 5 Sanborn Ct  
 Somerville, MA 02143-3004

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



ACORD™

Client#: 27279

FORCA

## 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).

<b>PRODUCER</b> <b>Sullivan Insurance Group, Inc.</b> <b>1 Mercantile Street</b> <b>Suite 710</b> <b>Worcester, MA 01608</b>		<b>CONTACT NAME:</b> Kristie <b>PHONE (A/C, No, Ext):</b> 508 791-2241 <b>FAX (A/C, No):</b> 5087973689 <b>E-MAIL ADDRESS:</b> kdoyle@sullivangroup.com	
<b>INSURED</b> <b>Forklift Catering, LLC</b> <b>59 Union Sq. #204</b> <b>Somerville, MA 02143</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hanover Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>	X		ZBNA401482	08/18/2015	08/18/2016	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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input checked="" type="checkbox"/> <b>SCHEDULED AUTOS</b> <input checked="" type="checkbox"/> <b>HIRED AUTOS</b> <input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>	X		AWNA401285	08/17/2015	08/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> DED <input type="checkbox"/> RETENTION \$	X		ZBNA401482	08/18/2015	08/18/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> <b>Y/N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WHNA401286	08/18/2015	08/18/2016	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	<b>Liquor Liability</b>	X		ZBNA401482	08/18/2015	08/18/2016	\$1,000,000 \$2,000,000

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

Certificate Holder is included as Additional Insured with written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Arlington Town Hall  
 730 Massachusetts Avenue  
 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

*Gehan T. Andreoli*

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