OFFICE OF THE BOARD OF SELECTMEN

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: __Kathleen Hanson 7 Cedarwood Rd., Woburn , Ma. 01801_____

Address, phone & e-mail contact information:

_781-291-1018, kathleen.m.p. hanson@gmail.com_____

Name & address of Organization for which license is sought:

_Punahou School, 1601 Punahou St., Honolulu, Hi 96822_____

Does this Organization hold nonprofit status under the IRS Code? _X___ Yes ____ No

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

_Lynn Parish, Alumnia Relations, Punahou,School_____

Address, phone & e-mail contact information:

1601 Punahou St., Honolulu, Hi 99622, 808-944-5740, lparrish@punahou.edu__ _____

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? ____NO___X___ 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 on Event date:

Michelle Noska, Beaujolais Catering_____

Title of Event:

school alumni reunion

Date/time of Event:

Sunday, October 15, 2017 4:00 pm - 7:00 pm

Location of Event: Arlington Masonic Hall

Location/Event Coordinator: Patsy Kraemer/Mike Carey/Brian Rose

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 80

Expected admission/ticket prices: $40 per ticket

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

$5 for beer and wine serving

Will persons under age 21 be on premises? no

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.

Officer Corey P. Rateau Date 9/13/17

OFFICER COREY P. RATEAU
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?

buffet dinner/ waters/sodas

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

Beaujolais 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.

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

Date of Delivery: Sun. October 15, 2017

Alcohol Serving Time (s) 4:00 pm - 7:00 -pm

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

. Atlas will take back unused alcohol.

Date of Pick-Up:

Mon. October 16, 2017

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: Kathleen Hanson

Printed title & Organization name: alumna, Punahou School

Email: kathleen m.p.hanson@gmail.com

revised: 5/18/2015 reformatted: 05/05/2017

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

7 September 2017

SECURITY PLAN FOR PUNAHOU SCHOOL ALUMNI REUNION

The Punahou School alumni office is sponsoring an alumnae reception on Sunday, October 15, 2017, at the Arlington Masonic Hall. The event will take place from 4:00 to 7:00 pm. A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

The Punahou School of Hawaii is sponsoring this event to allow local alumnae to meet and greet each other. Alumna Kathleen Hanson has been the organizing contact person for this event. Tickets are being sold for the event at $40 each. . We anticipate approximately 80 people to attend.

Patsy Kraemer will be the event coordinator for the event. Beaujolais Catering will provide bartender service and food service. There will be a Masonic Hall custodian for the event. The Committee will be responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event.

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

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

www.gettips.com

This card was issued for successful completion of the TIPS program

Signature: _____

This is your Official TIPS® Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

Congratulations!

By successfully completing the TIPS (Training for Intervention ProcedureS) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or we can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,

Adam R. Chafetz
President, AdCI

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 certificate 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

Issued: 6/6/2015
ID#: 4003613

SSN: XXX-XX-XXXX
Expires: 6/6/2018
D.O.B.: XX/XX/XXXX 5/27/68

Aldarico G de Oliveira
364 Reservoir ave
Revere, MA 02151

For service visit us online at www.gettips.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/12/2017

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	CONTACT NAME: Commercial Lines
Prescott and Son Insurance Agency,Inc. 963 Eastern Avenue Malden MA 02148	PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Ohio Security Ins Co	24082
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED	
Michele Noska DBA; Beaujolais Catering 207 A Broadway Arlington MA 02474	

COVERAGES **CERTIFICATE NUMBER:** CL1741225218 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			BKS56554619	4/9/2017	4/9/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Expense Mod Factor 1	$ 1,000,000 $ 300,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	LIQUOR LIABILITY			BKS56554619	4/9/2017	4/9/2018	EACH OCCURENCE AGGREGATE	$1,000,000 $2,000,000

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

Certificate Holeder name as additional insured

CERTIFICATE HOLDER

Town Of Arlington
730 Mass Avenue
Arlington, MA 02474

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

J S Scholnick/MPB

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