OFFICE OF THE BOARD OF SELECTMEN

TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Jason T Lydic

Address, phone & e-mail contact information: 28 Coleman Rd #2 Arlington, MA 02476
Phone # 617-939-6510 Email: jason.lydic@gmail.com

Name & address of Organization for which license is sought: _____

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

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

Address, phone & e-mail contact information: 435 Walnut Ave. Apt. 8 Roxbury, MA 02119
Phone# 617-595-7490 Email: ryanmckayw@gmail.com

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?
This is not an annual or regular event.

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-595-7490

Title of Event: Lydic-Roach Wedding

Date/time of Event: October 14, 2017 4:PM-10:00PM

Location of Event: Whittemore-Robbins House 670R Massachusetts Ave. Arlington, MA 02476

Location/Event Coordinator: Victoria Rose 617-312-7699

Method(s) of invitation/publicity for Event: Mailed private Wedding invitations

Number of people expected to attend: 68

Expected admission/ticket prices: $0

Expected prices for food and beverages (alcoholic and non-alcoholic): $0

Will persons under age 21 be on premises? Yes/ 3 Nieces and 2 Nephews, 5 in total/ Ages 6-13

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Bar will be staffed at all times by at least one of two bartender to prevent access to alcohol by minors

Have you consulted with the Department of Police Services about your security plan for the Event? Victoria Rose has consulted with APD and security plan is attached

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.

Ofc. Corey P. Rateau Date 9/21/17

Ofc. 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 and Wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? Food: cheese and fruit platters, shrimp cocktail, clams, lobster, steak, chicken, corn, coleslaw, chowders, cake, watermelon, brownies Non-Alcoholic Beverages: soda, water, non-alcoholic sparkling beverage

Who will be responsible for serving alcoholic beverages at the Event? We will have two experienced bartenders from local resturants to staff the event: Ryan Wilson from Pammy's Cambridge, MA and Travis Wilson, Bar manager Cambridge Brewing Company, Cambridge MA

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.
Ryan Wilson is Cicerone beer server certified and both Bartenders will be TIPS certified by September 25, 2017.

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.

Ryan Wilson

Travis Wilson

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

Date of Delivery: October 14, 2017

Alcohol Serving Time (s): 4:30PM- 9:30PM

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of? Bar staff will collect and remove any excess left over alcoholic beverages at the end of the evening and return to supplier. No alcoholic beverages will be left unattended at site.

Date of Pick-Up: October, 14, 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.) Evanston Insurance Company Policy: General Liability/ Host Liquor Liability Name of Insured: Jason Lydic | Certificate Holder: Whittemore-Robbins House | Policy Limits: Each Occurance: $1,000,000 Med exp: $5000 Personal & Adv Injury: $1,000,000 Aggregate: $2,000,000

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: Jason T. Lydic

Printed title & Organization name: Groom / Lydic-Roach Wedding

Email: jason.lydic@gmail.com

Jason Lydic
28 Coleman Road #2
Arlington, MA 02476
Jason.lydic@gmail.com

19 September 2017

SECURITY PLAN FOR LYDIC-ROACH WEDDING PARTY

A Wedding Reception will be held at the Whittemore Robbins House on Saturday, October 14, 2017 from 4:30pm-10:00pm. Alcohol service will end at 9:30pm.

A Special Alcohol License Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 68 guests to attend. There will five attendees under the age of 21. The range of ages is 5 years old to 13 years old.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Ipswich Clambake Company will be catering the event and will provide the food service. Ryan Wilson, Responsible Manager and bartender, and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in the Whittemore Robbins House parking lot, and on the side streets, as well as Massachusetts Avenue.

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/13/2017

PRODUCER

East Main Street Insurance Services, Inc.
Will Maddux
PO Box 1298
Grass Valley, CA 95945
Phone: (530) 477-6521 Email: info@theeventhelper.com

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Jason Lydic
28 Coleman Rd #2
Arlington, MA 02476

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Evanston Insurance Company	35378
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	Y	**GENERAL LIABILITY**				EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE	$ 1,000,000
		[X] COMMERCIAL GENERAL LIABILITY	3DS5455-M1300716	10/14/2017	10/15/2017	MED EXP (Any one person)	$ 5,000
		[ ] CLAIMS MADE [X] OCCUR				PERSONAL & ADV INJURY	$ 1,000,000
		[X] Host Liquor Liability	3DS5455-M1300716	10/14/2017	10/15/2017	GENERAL AGGREGATE	$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 1,000,000
		[X] POLICY [ ] PRO-JECT [ ] LOC				DEDUCTIBLE	$ 1,000
		[ ] Retail Liquor Liability					$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		[ ] ANY AUTO					
		[ ] ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		[ ] SCHEDULED AUTOS					
		[ ] HIRED AUTOS				BODILY INJURY (Per accident)	$
		[ ] NON-OWNED AUTOS					
		[ ] _____				PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		[ ] ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		[ ] OCCUR [ ] CLAIMS MADE				AGGREGATE	$
							$
		[ ] DEDUCTIBLE					$
		[ ] RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attendance: 65, Event Type: Wedding.

CERTIFICATE HOLDER

Whittemore Robbins House
670R Massachusetts Ave
Arlington, MA 02476

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~ENDEAVOR TO~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE Will Maddux

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Certificate of Completion

This Certificate of Completion of

eTIPS On Premise 3.0

For coursework completed on September 20, 2017
provided by Health Communications, Inc.
is hereby granted to:

Ryan Wilson

Certification to be sent to:

Pammy's
928 Massachusetts Ave
Cambridge MA, 02139-3106 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.