

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Vicki Lee Bayajian Inc

Address, phone & e-mail contact information: Vicki Lee's
105 Trapelo Rd Belmont MA 02478

Name & address of Organization for which license is sought: Vicki Lee's

Does this Organization hold nonprofit status under the IRS Code? ☐ Yes ☒ No

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

Address, phone & e-mail contact information: Same as Above 617-489-5007
45 Oliver St - Wat MA 02472 cell - 617-218-7167

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? catered Birthday "70th" celebration new/one-time event

24-Hour contact number for Responsible Manager of Alcohol Event date: _____

Title of Event: ? Vicki Lee's Caterer for 70th Birthday Party

Date/time of Event: Feb 17, 2018

Location of Event: Robbins Library Reading Room

Location/Event Coordinator: ~~Vicki Lee Bayajian~~ Victoria Rose

Method(s) of invitation/publicity for Event: Private invitation

Number of people expected to attend: 55-65

Expected admission/ticket prices: 0

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

Will persons under age 21 be on premises? no not likely - Possibly a grandchild

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

We have a "tips" certified bartender working the event.

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.

Off. Corey P. Ratan
Off. Corey P. Ratan
Printed name/title

Date 1-30-18

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 + soft

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

Sparkling + still water, apple cider, coffee + tea

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

Kim Paricer - see certification

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 eTips on Premise 3.0 ✓

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.

Kim Parker

ID # 4311249

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

~~Massachusetts State Liquor Store~~ Kappys en Everett

Date of Delivery: 2/17/18

Alcohol Serving Time (s): 7-10:30

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

Kappys will pick up unused beverages.

Date of Pick-Up: Feb 19, 2018

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.)

☒ Commercial Insurance Company - Acadia Insurance company
full coverage See coverage page = left message w/ my agent to send cert. list coverage for the town of Arlington on 2/17/18

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: Vicki Lee

Printed name: Vicki Lee Boyajian

Printed title & Organization name: President / Pastry Chef / Vicki Lee's

Email: Vicki@VickiLee's.com 12/21/17

Joe Miller
Birthday Party
Josephamiller@yahoo.com

26 January 2018

A Birthday Party will be held at the Robbins Library Reading Room on Saturday, February 17, 2018 from 7:00pm-11:00pm. Alcohol service will end at 10:30pm.

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

This is the Security Plan.

We anticipate approximately 55-65 guests to attend. There will be no guest under the age of 21.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Robbins Library Reading Room. Vicki Lee's will be catering the event and will provide the food service and beverage service. Vicki Lee Boyajian, Responsible Manager and bartender, Kim Parker, 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, Robbins Library parking lot and on the side streets, as well as Massachusetts Avenue.

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



eTIPS On Premise 3.0

CERTIFI

Issued: 7/24/2016

Expires: 7/24/2019

ID#: 4311249

Kim E Parker

84 Beach St

Revere, MA 02151-5006

For service visit us online at www.gettips.com



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MC

DATE (MM/DD/YYYY)

01/29/2018

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 Commercial Ins. Agency, Inc. 385 Concord Ave Suite 101 Belmont, MA 02478 Dorothy Fernsler daCruz		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: VICKI-1	
INSURED Vicki Lee Boyajian, Inc 105 Trapelo Road Belmont, MA 02478		INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 31325	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor	Y	BOA 5158813-13	07/07/2017	07/07/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000	
			BOA 5158813-13	07/07/2017	07/07/2018	PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BOA 04830149	07/07/2017	07/07/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Town of Arlington Robins Library Reading Room is named as additional insured

CERTIFICATE HOLDER**CANCELLATION**

TOWAR73

Town of Arlington
c/o Robins Library Reading Room
73 Massachusetts Ave
Arlington, MA 02476-4908

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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