## OFFICE OF THE BOARD OF SELECTMEN



## TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

## SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Daniel Rassi											
Address, phone & e-mail contact information: 14 Tyler Street, Somerville MA 02143  (917) 648-1584 dan@aeronaut.net											
Name & address of Organization for which license is sought: TBD Brewing LLC d/b/a Aeronaut Brewing Co.  14 Tyler Street, Somerville MA 02143											
Does this Organization hold nonprofit status under the IRS Code? Yes _X No											
Name of Responsible Manager of Organization (if different from above): same)											
Address, phone & e-mail contact information: (same)											
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?											
24-Hour contact number for Responsible Manager of Alcohol Event date: (917) 648-1584											
Title of Event: Aeronaut Arlington											
Date/time of Event: 12pm-7pm on July 7, 14, 21, 28, August 4, 5, 11, 12, 18, 19, 25, 26, September 1, 2, 8, 9, 16, 22, 23, 29, 30											
Location of Event: Whittemore Park, 611 Massachusetts Avenue											
Location/Event Coordinator: Daniel Rassi											
Method(s) of invitation/publicity for Event: Facebook, twitter, News features											

Number of people expected to attend: 250 person capacity											
Expected admission/ticket prices: Free											
Expected prices for food and beverages (alcoholic and non-alcoholic): Alcoholic beverages: \$7-8  Nonalcoholic beverages: \$1-4. Food vendor items will range from \$5-12											
Will persons under age 21 be on premises? Yes, only accompanied by a parent or guardian											
f "yes," please detail plan to prevent access of minors to alcoholic beverages.  Adults 21+ will receive visibands upon entry, only wristbanded patrons will be served, and 1-2 roaming security staff will ensure that only people with wristbands are drinking. Entry points will be staffed at all times by crowd-manager trained personnel.  Take you consulted with the Department of Police Services about your security plan for the Event?											
Have you consulted with the Department of Police Services about your security plan for the Event? Yes, security plan has been shared with APD and police detail will be present for the duration of each event.											
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 and cider											
What types of food and non-alcoholic beverages do you plan to serve at the Event?  Rotating seasonal Arlington-based food vendors serving limited menus of varying cuisines, on premises in the park.  Non-alcoholic drinks include water and soft drinks.											
Who will be responsible for serving alcoholic beverages at the Event?  TIPS-trained Aeronaut staff will be the only people serving alcohol at the event.											
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.												
Ronn Friedlander - 7/25/1984												
Daniel Rassi - 9/18/1986												
Erika Dickinson - 12/10/1990												
Michael Yim - 6/27/1986												
Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the												
ABCC website: www.mass.gov/abcc)												
Aeronaut Brewing Co. under its Farmer Brewer License FB-109												
Date of Delivery: All event dates												
Alcohol Serving Time (s): 12pm-7pm												
With a second and the												
How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?												
All excess alcohol will be returned to Aeroaut Brewing Co. at the end of each event by Aeronaut Brewing Co. staff.												
Date of Pick-Up: All event dates												
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.) See attached certificate of insurance.												
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.												
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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: Daniel Rassi												

CERTIFIED

eTIPS On Premise 3.0

Issued: 5/27/2018

Expires: 5/27/2021

ID#: 4811138

Daniel Rassi
Aeronaut Brewing Co.
Somerville
14 Tyler St
Somerville, MA 02143-3224

For service visit us online at www.gettips.com



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/25/2018

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 have ADDITIONAL INSURED provisions or 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: Susan Merriam					
Fred C. Church Insurance 41 Wellman Street								PHONE (A/C, No, Ext): 800-225-1865 (A/C, No): 978-454-1865						
	_	MA 01851						E-MAIL ADDRESS: Smerriam@fredcchurch.com						
LO	VCII	1417 ( 0 100 1						ADDRE					NAIC #	
								INSURER(s) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company				NAIC#		
INSURED TBDBREW-01														
TBD Brewing LLC								INSURER B: Hartford Fire Insurance Company						
DBA Aeronaut Brewing Co.								INSURER C:						
14 Tyler Street Somerville MA 02143								INSURER D:						
- COMO, TIMO 100 1 10								INSURER E :						
	<u></u>	4050		OEB	TIFI		NUMBER: 4550047070	INSURER F:						
	COVERAGES CERTIFICATE NUMBER: 1556247872 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.												WHICH THIS		
INSR LTR		TYPE OF I	NSUF	RANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	Х	COMMERCIAL GE	NER	AL LIABILITY			PHPK1724167		10/8/2017	10/8/2018	EACH OCCURRENCE	\$ 1,000,0	000	
		CLAIMS-MAD	DE L	X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00	0	
											MED EXP (Any one person)	\$ 5,000		
											PERSONAL & ADV INJURY	\$ 1,000,0	000	
	GEN	I'L AGGREGATE LII	MIT A	PPLIES PER:							GENERAL AGGREGATE	\$ 2,000,0	000	
		POLICY PR	RO- CT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,0	000	
		OTHER:										\$		
Α	AUT	OMOBILE LIABILIT	Υ				PHPK1724172		10/8/2017	10/8/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	000	
	ANY AUTO									BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY	Χ	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	Х	HIRED AUTOS ONLY	Χ	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONET										\$		
Α	Х	UMBRELLA LIAB X OCCUR					PHUB603545		10/8/2017	10/8/2018	EACH OCCURRENCE	\$ 2,000,0	000	
		EXCESS LIAB CLAIMS-MA		CLAIMS-MADE							AGGREGATE	\$		
DED X RETENTION \$ 10,000										\$				
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					08WECP9011		3/15/2018	3/15/2019	X PER OTH- STATUTE ER					
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$ 1,000,000			
										E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$ 100,00	0			
Α	Lique	or Liability					PHPK1724167		10/8/2017	10/8/2018	Each Claim General Agreegate	1,000,0 1,000,0		
											General Agreegate	1,000,0	500	
Tov	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Town of Arlington is included as Additional Insured per written agreement for the pop-up beer garden event from July 1st - September 30th located at: Whittemore Park, 611 Massachusetts Ave., Arlington, MA 02474.													
CEI	RTIF	ICATE HOLD	ER					CANCELLATION						
Town of Arlington 730 Massachusetts Avenue								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					C			AUTHORIZED REPRESENTATIVE						
Arlington MA 02476									- muchant A. P-					