### OFFICE OF THE SELECT BOARD



# TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

### SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Catholic - Both Flynn
Address, phone & e-mail contact information: 10 Medford St Arlington
Name & address of Organization for which license is sought: ACINGTON Catholic
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: 781-(AG-5101, eflyn@achs.ne
Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? If so, please give date(s) of Special Licenses and/or applications and title of event(s) TOO Down TOUZ DIGHT
Is this event an annual or regular event? If so, when was the last time this event was held and at what location?  46- Arlington Catholic By March 9, 2019
24-Hour contact number for Responsible Manager of Alcohol Event date: 781 - 835-0951
Title of Event: QUIZ Night
Date/time of Event: February 1
Location of Event: Arlington Catholic Gym
Location/Event Coordinator: Beth Flynn
Method(s) of invitation/publicity for Event: Mail, Email, Flyers, Social media

Number of people expected to attend: 250-300									
Expected admission/ticket prices:									
Expected prices for food and beverages (alcoholic and non-alcoholic): \$5 mix drinks  \$4 been and wine Soda, coffee, water - No charge									
Will persons under age 21 be on premises?									
If "yes," please detail plan to prevent access of minors to alcoholic beverages.									
Have you consulted with the Department of Police Services about your security plan for the Event?  Please See 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.  Date 1/23/20  Printed name/title									
POLICE COMMENTS:  Lequest 2 details									
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.)  What types of food and non-alcoholic beverages do you plan to serve at the Event?									
bring their own pottuck, desserts, various other 400d									
Who will be responsible for serving alcoholic beverages at the Event? A bartander . + 10 CERD GE									
Incke GARUNG and DEIRDRE JORDAN									
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.									

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.
JACKIE GARUNY DELRORE JORDAN
Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) AHAS LIQUOCS Medferd MA
Date of Delivery: Tanuary 31 Alcohol Serving Time (s): (0-9:30 pm
How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?
Date of Pick-Up:
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.)
Please submit this completed form and filing fee to the Select Board 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: Elizabeth Flynn
Printed title & Organization name: Director of Advancement Arlington Catholic
Email: efynn@achs, nex

### **Quiz Night Security Plan**

Arlington Catholic's Quiz Night will have approximately 300 attendees. It is a fundraising event for the school. This is an annual event. We will have a bar available as well as food.

### Prevention of Sale of Alcohol to Minors:

First and foremost, no one is allowed to attend the event unless they are 21 and over. Additionally, AC has a certified bartender who will check IDs for everyone, Jackie Garvey (her certification information is enclosed). There will also be additional volunteers available to serve soda and non-alcoholic beverages.

### Traffic and Parking:

We do not anticipate any traffic issues as the school daily has over 800 people in the building and there will be fewer people in attendance that evening. Attendees are being told to park in the Municipal Lot behind the school, to find street parking, or the RR Lot.

### General Crowd Control:

Arlington Catholic will hire two Arlington Police Detail Officers for the event to assist if any issues arise. We will also have numerous school administrators present.

### **Evacuation Plan:**

The school evacuation plan that was developed to evacuate students during the day will be put into use if any emergencies occur. The emergency plan is posted in all areas of the school with explicit instructions of what to do in an emergency. Again, school administrators and staff will be available to assist and direct if anything were to occur.

# This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.

# Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention ProcedureS) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



Sincerely,

Adam F. Chafetz HCI President

ID#: 4596421 Name: JACQUELINE D GARVEY
Exam Date: 7/30/2017 Expiration Date: 7/30/2020



On Premise

Issued: 8/7/2017 ID#: 4596421

JACQUELINE D GARVEY 58 Mount Vernon Ave Meirose, MA 02176-5209 For service visit us online at www.gettips.com TIPS Trainer: Benjamin Stoller, 46030





## ServSafe® Alcohol Online Course Record of Training

Student Name: Jordan, Dierdre

Course Start Date: 3/2/2018 - 2:57:00 pm

Course Duration: 02:56:03

Course End Date: 3/2/2018 - 5:53:12 pm

Congratulations on completing the ServSafe® Alcohol Online Course.

You are now eligible\* to take the ServSafe Alcohol Exam.

To access the exam go to the end of course and click " **Start Assessment**."

Thank you for choosing ServSafe.

National Restaurant Association 175 West Jackson Boulevard, Suite 1500 Chicago, IL 60604-2814 800,765.2122 In the Chicago area 312.715.1010 ServSafe.com

<sup>\*</sup> Check with your local control board for additional requirements.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2019

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).

LII	s certificate does not confer rights t	o tne	cert	ilicate noider in lieu of st			).					
PRO	UCER				CONTA NAME:							
Roman Catholic Archdiocese of Boston						PHONE (A/C, No, Ext): 617-746-5742 FAX (A/C, No): 617-779-4572						
66 Brooks Drive						E-MAIL ADDRESS: ormadmin@rcab.org						
Braintree, MA 02184							URER(S) AFFOR	DING COVERAGE		NAIC#		
						INSURER A: Fides Insurance Group						
INSURED						INSURER B: National Catholic Risk Retention Group						
Location 080-003						INSURER C:						
Arlington Catholic High School												
	Medford Street				INSURER D:							
Arlington			MA 02471			INSURER E:						
		TIEI	ATE	: NUMBED.	INSURER F :							
	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												
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		1.000.000		
Α	X COMMERCIAL GENERAL LIABILITY			FIDES 19-002 \$250,00	00.00	07/01/19	07/01/20	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
В	CLAIMS-MADE X OCCUR			RRG 10358-22 \$750,0		07/01/19	07701720	PREMISES (Ea occurrence)	\$			
	x Host Liquor Liability			10000-22 ψ/00,0	00.00			MED EXP (Any one person)	\$			
6								PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:								\$	omiaki men		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO		l l					BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS					0.0		BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
* 1	NOTES SILL								\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE						i i	AGGREGATE	\$			
	DED RETENTION\$								s			
	WORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under						†	E.L. DISEASE - POLICY LIMIT	\$			
	DÉSCRIPTION OF OPERATIONS below							E.E. DIGEAGE - POLICI LIMIT	9			
				T								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES /A	COPD	101 Additional Pamarke Schadu	lo may b	a attached if more	enaca is raquire	w/l				
	dence of General Liability											
	57c				-							
Town of Arlington is an additional insured where required by written contract.												
CEF	TIFICATE HOLDER				CANO	CELLATION						
Town of Arlington, Massachusetts  should any of the above described policies be cancelled before									ED REFORE			
	730 Massachusetts	Ave	enu	e				REOF, NOTICE WILL E				
	Arlington, MA 0247					ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHODIZED DEDDECENTATIVE							