

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Arlington Catholic - Beth Flynn

Address, phone & e-mail contact information: 16 Medford St Arlington
MA 02474

Name & address of Organization for which license is sought: Arlington Catholic

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

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

Address, phone & e-mail contact information: 781-646-5101, eflynn@achs.net

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). \$10,000 Drawing + Quiz night

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?

yes - Arlington Catholic Gym 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: \$40

Expected prices for food and beverages (alcoholic and non-alcoholic): \$5 mixed drinks
\$4 beer and wine Soda, coffee, water - No charge

Will persons under age 21 be on premises? NO

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.

Off. Corey P. Roteau Date 1/23/20
Off. Corey P. Roteau
Printed name/title

POLICE COMMENTS:

request 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.)

Beer/wine/mixed drinks

What types of food and non-alcoholic beverages do you plan to serve at the Event? Guests
bring their own potluck, desserts, various other food
and beverages

Who will be responsible for serving alcoholic beverages at the Event? a bartender - TIP CERTIFIED

JACKIE GARVELL 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 see attached

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 Carvey
DEBORAH JORDAN

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

Date of Delivery: January 31
Alcohol Serving Time (s): 6-9:30pm

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

Date of Pick-Up: N/A

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 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: eflynn@achs.net

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,

A handwritten signature in black ink, appearing to read "Adam Chafetz".

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

CERTIFIED

Expires: 7/30/2020

JACQUELINE D GARVEY
58 Mount Vernon Ave
Melrose, 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.**"

* Check with your local control board for additional requirements.

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

