



## **Town of Arlington Board of Selectmen**

### **Meeting Agenda**

April 9, 2018

7:15 PM

Selectmen's Chambers, 2nd Floor, Town Hall

1. Organizational Meeting for the Purpose of Electing a Chairman and a Vice Chairman  
Marie A. Krepelka, Board Administrator
2. Patriots' Day Weekend Events  
Ted Peluso, Arlington Committee on Tourism and Economic Development

#### **FOR APPROVAL**

3. Request: Removal of Two Ash Trees on Foster Street for Gibbs School Reconstruction  
Wayne Chouinard, Town Engineer

#### **CONSENT AGENDA**

4. For Approval: Water Bill Insert, Town of Arlington Textile Donation  
Dean Carman, Town Treasurer
5. Request: Annual Hardy School PTO Walkathon, Friday April 27th, 2:30 p.m. - 4:00 p.m.  
Patsy O'Brien, Hardy School PTO
6. For Approval: Date Change for AHS All Sports Boosters Club 5K Trick or Trot  
Was: May 12, 2018  
To: October 27, 2018  
Kierstin Merlino, Athletic Trainer, AHS
7. Request: Change of Hours for All Alcohol Restaurant  
Scutra, 92 Summer Street  
Cesidia Baugniet, Owner
8. Request: Special (One Day) All Alcohol License, 4/21/18 @ Whittemore Robbins House for a Private Event  
Cesidia Baugniet, Scutra Restaurant
9. Request: Special (One Day) All Alcohol License, 4/28/18 @ Robbins Memorial Town Hall for 'The Waldorf School Gala Fundraiser'  
Abigail Zimmerman, Development Coordinator, The Waldorf School
10. Request: Special (One Day) All Alcohol License, 4/28/18 @ Robbins Library Reading Room for a Private Event  
Michelle Noska, Beaujolais Catering

11. Request: Special (One Day) All Alcohol License, 4/28/18 @ Whittemore Robbins House for a Private Event  
Carolyn Navikonis
12. Request: Contractor/Drainlayer License  
Stoneworks, 124 Wollaston Avenue, Arlington, MA
13. Appointments of New Election Workers: (1) Donna Hessel, 11 Pondover Road, U, Pct. 19; (2) William Larson, 98 Spring Avenue, U, Pct. 12; (3) Frances Marshall, 74 Varnum Street, D, Pct. 6; (4) Julie Rigazio, 46 Sunset Road, U, Pct. 12; (5) Marlene Rockmore, 18 Perkins Street, D, Pct. 14; (6) Margaret Stanley, 9 Lancaster Road, D, Pct. 20; (7) Jacalyn Starr, 153 Mt. Vernon Street, U, Pct. 12; (8) Lauren Sweetser, 82 Milton Street, U, Pct. 19; (9) Marcie Theriault, 248 Gray Street, U, Pct. 14

#### **APPOINTMENTS**

14. Park and Recreation Commission  
Christine Tarantino (term to expire 1/31/2019)

#### **LICENSES & PERMITS**

15. For Approval: Sidewalk Cafe License Renewals, Broadway Plaza  
Common Ground, 319 Broadway  
Caffé Nero, 311-321 Broadway  
Twyrl, 315 Broadway
16. Request: Sidewalk Cafe and Alteration of Premise  
Acitron, 473 Massachusetts Avenue, Prakash Hule

#### **CITIZENS OPEN FORUM - SIGN IN PRIOR TO BEGINNING OF OPEN FORUM**

Except in unusual circumstances, any matter presented for consideration of the Board shall neither be acted upon, nor a decision made the night of the presentation in accordance with the policy under which the Open Forum was established. It should be noted that there is a three minute time limit to present a concern or request.

#### **TRAFFIC RULES & ORDERS / OTHER BUSINESS**

17. Discussion: Bike Share Regulations  
Douglas W. Heim, Town Counsel
18. Discussion: Future BoS Meetings

#### **FINAL VOTES & COMMENTS**

Articles for Review:

- Article 12 Bylaw Amendment/Betterment Bylaw Revision
- Article 13 Bylaw Amendment/Arlington Commission on Arts & Culture
- Article 24 Revolving Funds
- STM Article 3 Vote/Study of Demolition of Historic Residential Buildings
- STM Article 4 Home Rule Legislation/Property Tax Deferrals
- STM Article 5 Home Rule Legislation/Means-Tested Senior Tax Relief
- STM Article 6 Home Rule Legislation/Package Store Licenses
- STM Article 7 Home Rule Legislation/Bylaw Amendment: Gender Neutral Language

## **NEW BUSINESS**

### **EXECUTIVE SESSION**

To conduct a strategy session in preparation for negotiations with non-union personnel - Town Comptroller.

Next Scheduled Meeting of BoS April 23, 2018



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## **Town of Arlington, Massachusetts**

### **Organizational Meeting for the Purpose of Electing a Chairman and a Vice Chairman**

#### **Summary:**

Marie A. Krepelka, Board Administrator



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## **Town of Arlington, Massachusetts**

### **Patriots' Day Weekend Events**

#### **Summary:**

Ted Peluso, Arlington Committee on Tourism and Economic Development



## **Town of Arlington, Massachusetts**

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### **Request: Removal of Two Ash Trees on Foster Street for Gibbs School Reconstruction**

#### **Summary:**

Wayne Chouinard, Town Engineer

#### **ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Tree_Removal_Memo_engineering.pdf	Memo from Engineering
▢	Reference Material	Sketch_Tree_Removal.pdf	Sketch
▢	Reference Material	C._Loreti_Foster_Tree_Hearings.pdf	C. Loreti Objection



Engineering Division

TOWN OF ARLINGTON  
Department of Public Works  
51 Grove Street  
Arlington, Massachusetts 02476  
Office (781) 316-3320 Fax (781) 316-3281

**Gibbs School – Curb Work & Tree Removal Request Memorandum**

To: Joseph A. Curro; Board of Selectmen, Chairman  
From: Wayne Chouinard; Town Engineer  
Date: March 22, 2018  
Re: Public Shade Tree Removal – Foster Street

In conjunction with the Gibbs School reconstruction, sidewalk work and road resurfacing is proposed on both Tufts Street and Foster Street as part of the Town's 2018 Road Rehabilitation Project. This work is to be performed by the Town's Road Contractor and it will consist of curb realignment to provide a student drop-off area, new sidewalks, and the installation of accessible curb ramps associated with new crosswalks at the intersection of Andrew Street and Foster Street.

In preparation for this work, the Engineering Division submitted requests for permits to remove two (2) public shade trees located in the work zone. These two trees are labeled as "Tree #1" and "Tree #2" respectively on the attached *Tree Removal Sketch*. The request to remove Tree #1 was related due to its proximity to a proposed accessible curb ramp for a new crosswalk. The objective of the Engineering Division is to complete this work without removing the tree and the request was submitted to avoid delays should it be determined its removal is required during construction. The request to remove Tree #2 is based on its location within a proposed student drop-off area. The location and extent of the proposed drop-off area was requested by the Arlington School Department upon the recommendation of the Arlington Transportation Advisory Committee. To achieve the requested extents, Tree #2 must be removed.

Subsequent to receipt of these requests from the Engineering Division, separate public hearings were scheduled and held by the Tree Warden, Tim Lecuivre, on March 12 & 19, 2018, for the removal of Tree #1 and Tree #2 respectively. Following the first hearing, the Tree Warden informed the Engineering Division that an objection to the removal of both trees had been received in writing (attached) and thus a permit could not be issued for the removal of the requested trees. No further objections were received during either hearing. As such, and in accordance with MGL Chapter 87, Section 4, the Engineering Division seeks approval for the removal of the trees from the Board of Selectmen.

Please accept the following comments in response to the items listed in the objection letter received by the Tree Warden for consideration in your decision. As was previously noted, included with this request is a sketch of the area indicating the location of the two (2) trees in question, proposed work locations and notes. If this request is approved, the Engineering Division will work with the Tree Warden to prepare a plan to replace the trees in suitable quantity and size as is required by State Law, and in accordance with the Town by-laws and/or street tree planting plan.

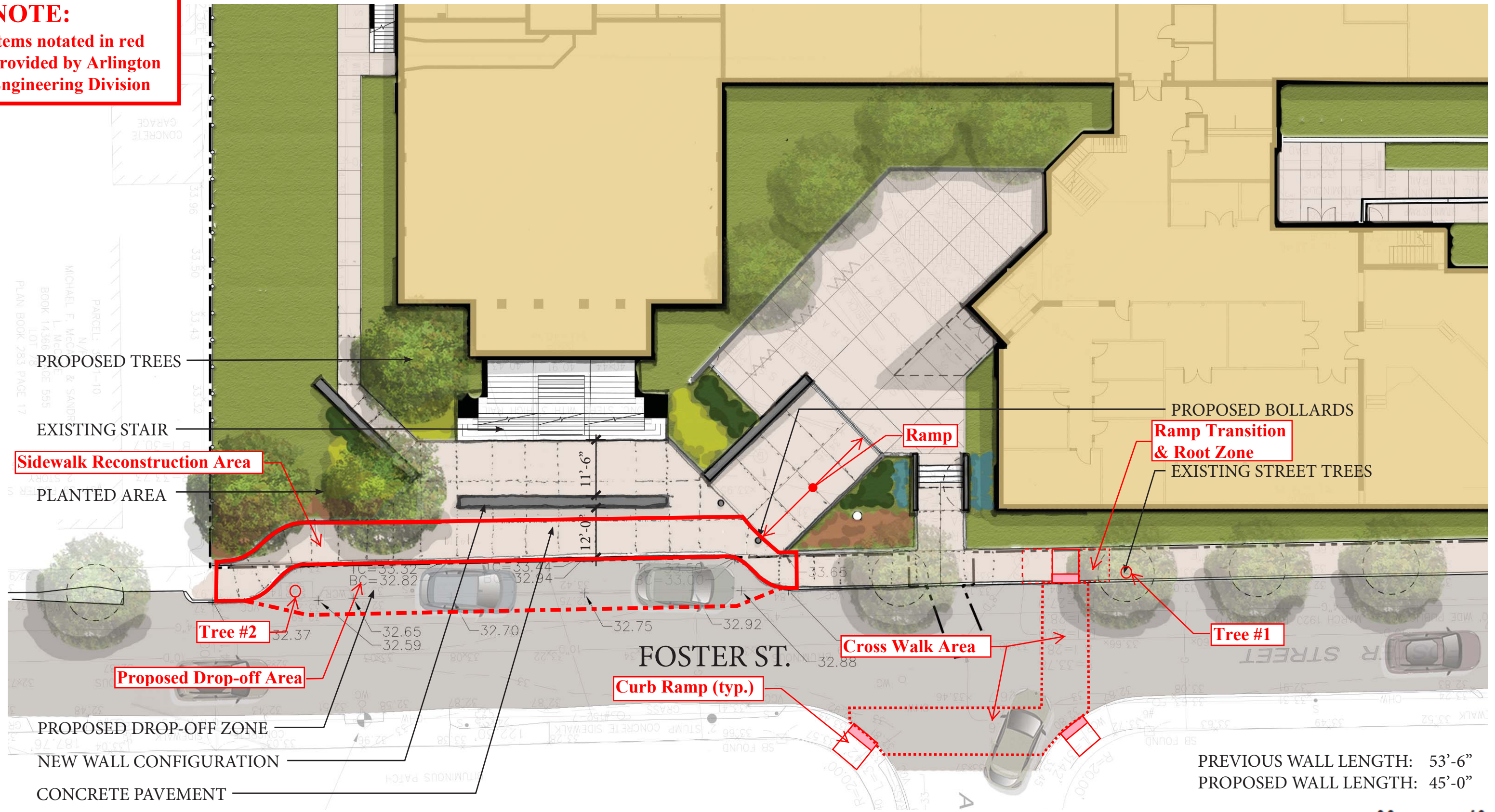
## **Comments**

- There are many aspects to consider during the construction of the curb ramps at the proposed crosswalk near Tree #1, including the following:
  - Elevation at back of sidewalk
  - Height of curb reveal
  - Transition from ramp entrance
  - Presence of roots determined after existing sidewalk is removed
  - Slope of roadway gutter
  - Location of corresponding curb ramp

The goal is to construct the curb ramps and curb modifications without impacting Tree #1. Unfortunately, it is not easy to completely ascertain the requirements until the existing sidewalks and ramps are removed. During construction the ramps and curb line will be laid out and the location and condition of the tree roots ascertained. The road contractor, Engineering Division and Tree Warden will be on-site to best determine how to construct the ramps and protect the tree if possible. If the ramp can be aligned and constructed in compliance with ADA requirements without affecting Tree #1, then removal will not be necessary.

- The area for vehicle drop-off was evaluated by members of the Arlington Transportation Advisory Committee and it was determined that the standard 88 ft used for parallel parking spaces would not be sufficient. Due to site and accessibility considerations for a ramp on the school property, the pull out area must begin prior to the tree closest to Broadway (Tree #2) and cannot extend further towards Andrew Street than is currently shown.
- The goal of the proposed drop-off area is not to increase automobile use, but to provide safer access & egress for students entering and exiting cars during drop off/pickup times at the school. For the crosswalk/ramps it is to provide ADA compliant ramps at a cross walk within a designated school zone.

**NOTE:**  
Items notated in red  
provided by Arlington  
Engineering Division

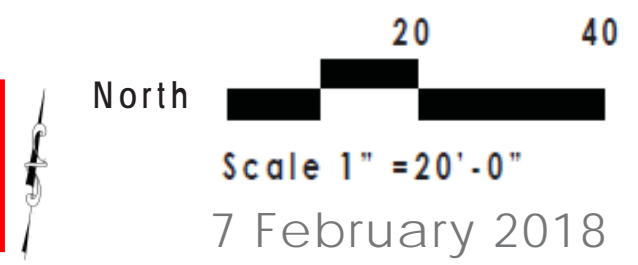


PREVIOUS WALL LENGTH: 53'-6"  
PROPOSED WALL LENGTH: 45'-0"



**Revised Drop-Off**  
Gibbs Middle School | Arlington, Massachusetts

**TREE REMOVAL SKETCH:**  
Prepared by Arlington Engineering Division  
March 22, 2018



March 10, 2018

Mr. Timothy Lecuivre, Tree Warden  
Town of Arlington  
51 Grove Street  
Arlington, MA 02476

Re: Proposed Removal of Ash Trees Across from 40 and 46 Foster Street

Dear Mr. Lecuivre:

I am writing to you in accordance with Arlington regulations and Massachusetts General Law Chapter 87 to object to the proposed removal of two Ash trees located across the street from 40 and 46 Foster Street. The former is scheduled for a Tree Hearing on March 12, and the latter on March 19.

Both of these public shade trees are healthy, native species that provide environmental and aesthetic benefits to the neighborhood and the broader community. I believe they can be preserved without compromising the plans for renovating the Gibbs School.

I understand the tree across from 40 Foster may be removed to make way for a curb cut across from the corner of Foster and Andrew Streets. By my measurement, there is over 21 feet from the projection of the Andrew Street curb line onto curb on the opposite side of Foster and the trunk of the subject tree. This should provide plenty of room to construct a curb cut without damaging or removing the tree, and the Town should ensure that it retains contractors who can do so.

The tree across from 46 Foster is proposed for removal to widen Foster Street for an auto pick-up drop-off area. The recommendation is for approximately 110 feet of curb to be moved for this purpose to accommodate four or five cars. This much removal seems excessive to accommodate four cars when only 88 feet would be required for parallel parking under Arlington's Zoning Bylaw. I have measured the distance between the subject tree and the shade tree nearest to it as approximately 130 feet. There should be ample room to accommodate the widened curb area while protecting this tree. Finally, it should be noted that this tree is almost next to the intersection of Foster and Andrew Street. If it is even legal under Massachusetts law to park so close to the intersection, it will certainly be dangerous for drivers to be entering the intersection so soon after leaving the curb. The parking should end well before this tree.

Thank you for considering these comments. I trust that you and the Board of Selectmen will be as diligent in protecting these Ash trees as you were recently in protecting the Ash tree on Webcowet Street. It is important that the Town holds itself to a standard at least as high as that to which it holds private developers. And if the Town is going to live up to its Green Community designation, it certainly should not be removing healthy shade trees to accommodate increasing automobile use.

Sincerely,

A handwritten signature in cursive script that reads "Christopher P. Loreti".

Christopher Loreti  
56 Adams St.  
Arlington, MA 02474

cc: Mr. Wayne Chouinard, Town Engineer



## Town of Arlington, Massachusetts

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**For Approval: Water Bill Insert, Town of Arlington Textile Donation**

**Summary:**

Dean Carman, Town Treasurer

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Water_Bill_Insert.pdf	Insert

# Worn or torn, donate it all!

*Nearly 95% of used clothing and textiles can be reused and recycled.*

Textile donations *in any condition* are welcomed by most textile collectors and can be dropped off in bins all over Arlington. Items with stains, rips, missing buttons, or broken zippers are all accepted.



## Drop-off Sites

You can drop off *dry, clean*, used textiles at:

- **Bay State Textiles** collection bins outside of the Ottoson, Brackett, Peirce, Stratton, Bishop and Thompson Schools
- The **Second Chances** bin in the Whole Foods parking lot
- **Planet Aid** boxes at service stations along Mass. Ave.



# Acceptable Items for Donation

- Clothing (any fabric or fiber)
- Undergarments/Bras
- Shoes and Socks (singles too!)
- Backpacks, Book Bags, Purses
- Bedding, including blankets and comforters
- Curtains/Draperies
- Table linens
- Stuffed animals
- Hats
- Pillows
- Towels
- Belts



*To learn more, visit: [arlingtonma.gov/textilerecycling](http://arlingtonma.gov/textilerecycling)*



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## Town of Arlington, Massachusetts

**Request: Annual Hardy School PTO Walkathon, Friday April 27th, 2:30 p.m. - 4:00 p.m.**

**Summary:**

Patsy O'Brien, Hardy School PTO

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Hardy_School_Walkathon.pdf	Letter from Hardy School PTO

RECEIVED  
SELECTMEN'S OFFICE  
ARLINGTON, MA 02470

Mar 20, 2018

2018 MAR 23 AM 10:55

Board of Selectmen  
Attn Marie Krepelka  
Town Hall  
730 Mass Ave  
Arlington, MA 02474

RE: Hardy School Walkathon Dear Board of Selectmen,

The Hardy School PTO plans to hold its annual Walkathon on Friday, April 27<sup>th</sup>, 2018 with a rain date of May 4, 2018. The event will take place from 2:30-4:00 pm. We would like to request a permit for this event.

As in past years, the children will walk laps around the school to raise funds for the PTO to use for enrichment activities, field trips and other school related activities. This year the PTO will also allocate 20% of what we raise from the Walkathon to help fund school snacks for Hardy students who are not able to bring them from home. We're partnering with Arlington EATS and the Arlington Food Pantry to raise awareness about food insecurity and resources for addressing it as part of the event.

We plan to follow the same route that we've used for the past years. We ask that the Department of Public Works block Chandler Street and Herbert Road during the walk except for residents and emergency vehicles. We will create a barrier along the short part of Lake Street where the walkers will be contained on the sidewalk and grass. We will make sure enough adults are stationed along the route to keep the children safe.

Please let me know if you have any questions. Thank you for your assistance in this matter.

Sincerely,

Patsy O'Brien  
Hardy School PTO  
857-928-0434



## **Town of Arlington, Massachusetts**

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**For Approval: Date Change for AHS All Sports Boosters Club 5K Trick or Trot**

**Summary:**

Was: May 12, 2018

To: October 27, 2018

Kierstin Merlino, Athletic Trainer, AHS

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	AHS_5K.pdf	Request with Date Change

**TOWN OF ARLINGTON  
SPECIAL EVENT PERMIT APPLICATION**

**Applicant and Sponsoring Organization Information**

Name of Organization / Sponsor: Arlington High School Athletics  
Address: 869 Massachusetts Ave City: Arlington State: MA Zip: 02476  
Applicant Name: Kierstin Merlino Tel#: 781-316-3555  
E-mail: kmerlino@arlington.k12.ma.us  
Event Manager: Melissa Dlugoiecki Contact Info: mdlugoiecki@arlington.k12.ma.us  
Other Contact Person/s: \_\_\_\_\_ Contact Info: \_\_\_\_\_

**Event Information**

☒ Run/Walk ☐ Parade ☐ Event  
Event Title: AHS All Sports Boosters Trick or Trot  
Start Date & Time(s): Sat October 27th, 9:00am End Date & Time(s): Sat October 27th, 12:00pm  
Estimated Attendance: # 150 Admission Fee: \$25 road race fee  
Open to the Public: ☒ Yes ☐ No  
Requested Location: Street (specify): Same course as 2016 race. Start at AHS, loop on bike path and Mass Ave  
Other (specify): \_\_\_\_\_

Set Up Date/Time & Description: Sat, October 27th, 7:00am  
Breakdown Date/Time & Description: Sat, October 27th, 12:00pm

**NOTE: ATTACH DIAGRAM OF ROUTE WITH SPECIFICS**

**Map Attached**

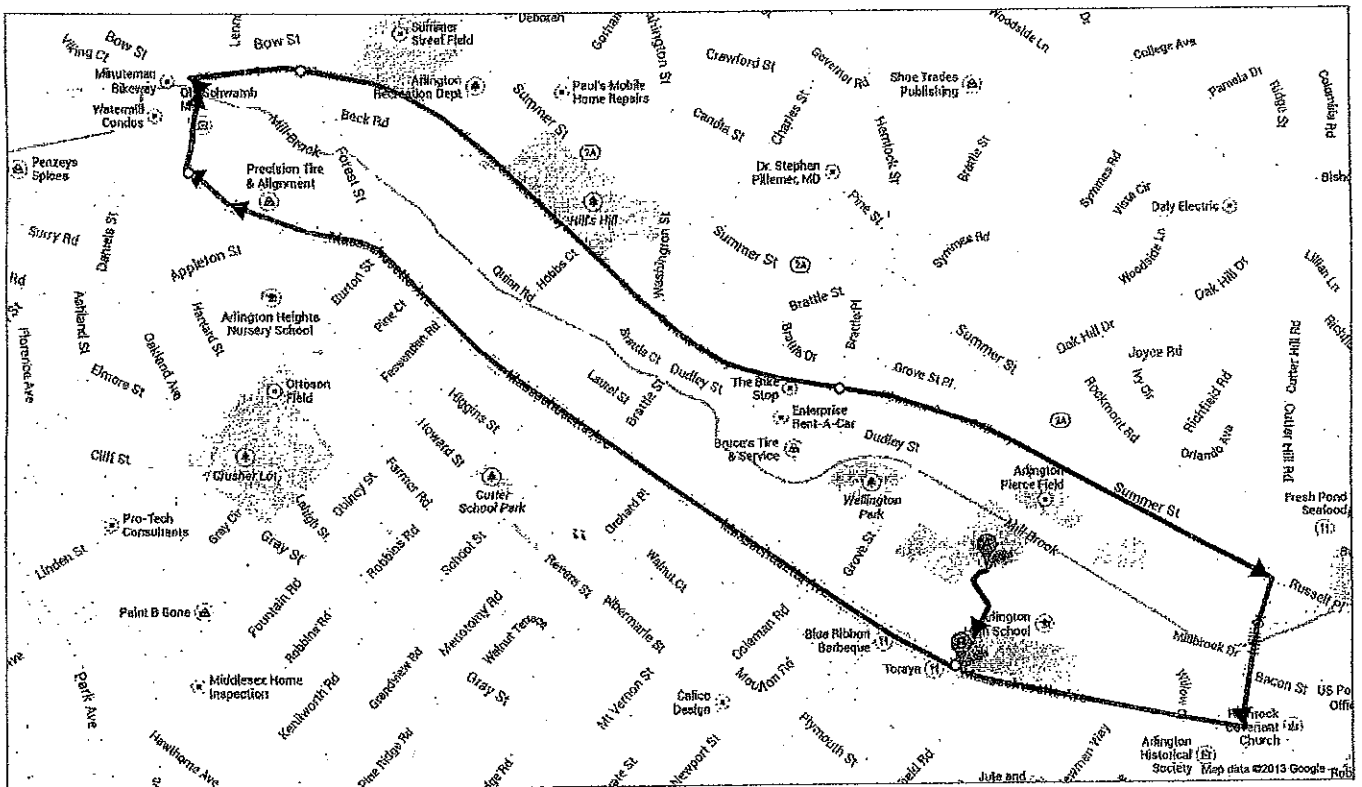
**Event Details**

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will you set up table(s) and/or chair(s)? Approximate number : _____ <small>5 tables, 10 chairs</small>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Booth(s), Exhibit(s), Display(s) and/or Enclosure(s): _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Canopy(ies) and/or Tent(s)- describe dimensions: <u>2 pop up tents over registration table.</u>

The following is required by your organization to insure the safety and health of all participating in this event: *Note: You do not need to contact the departments below if it is not required.*

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police Detail: _____ (contact police)

Google



10/23/2013



## Town of Arlington, Massachusetts

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### Request: Change of Hours for All Alcohol Restaurant

#### Summary:

Scutra, 92 Summer Street

Cesidia Baugniet, Owner

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Scutra_Request_Letter.pdf	Scutra Request Letter
▢	Reference Material	Scutra_ABCC_Monetary_Transmittal_Form.pdf	Scutra ABCC Monetary Transmittal Form



Town of Arlington.

Arlington, Mass

Date 3/28/2018

Subject: Permission/Approval for change of operating Hours at Scutra Restaurant

Dear Sir/Madam

We wish to change our hours of Operation Monday – Sunday from 12:00 noon to 11:00 am to accommodate for brunch on Saturday and Sundays and also for Lunch on the Patio.

Please give us permission to open at 11:00 am and also sell liquor at that time.

Please contact me any time with any questions regarding this request.

Sincerely,

A handwritten signature in dark ink, appearing to read "C. Baugniet", followed by a long horizontal flourish.

Cesidia Baugniet, Owner

Scutra  
92 Summer St  
Arlington, Ma 02474  
781-316-1816  
[www.Scutra.com](http://www.Scutra.com)

The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

Print Form

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE  
LOCAL LICENSING AUTHORITY.**

REVENUE CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: NO FEE

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):

00052-RS-0030

LICENSEE NAME:

Cedrone Restaurant Inc / d/b/a Scutra

ADDRESS:

92 Summer Street

CITY/TOWN:

Arlington

STATE MA

ZIP CODE

02474

**TRANSACTION TYPE (Please check all relevant transactions):**

☒ Change of Hours

☐ Change of DBA

**THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL  
FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND  
SUPPORTING DOCUMENTS TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
P. O. BOX 3396  
BOSTON, MA 02241-3396**



## **Town of Arlington, Massachusetts**

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**Request: Special (One Day) All Alcohol License, 4/21/18 @ Whittemore Robbins House for a Private Event**

**Summary:**

Cesidia Baugniet, Scutra Restaurant

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Special_License_App._4.21.pdf	Special Alcohol License Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Clarissa Rowe

Address, phone & e-mail contact information: 137 Herbert Rd.  
Arlington, MA 02474; 617-413-6712; clarissa.rowe@comcast.net

Name & address of Organization for which license is sought: \_\_\_\_\_

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

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

Cesidia (Cid) Baugniot

Address, phone & e-mail contact information: 92 Sumner St. 617-633-7431  
scutra@aol.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?

one-time event

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-633-7431

Title of Event: Family Birthday Party - Cocktail Party

Date/time of Event: 4/21/18 / - 4:30pm - 8:30pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mailed invitations

Number of people expected to attend: ~ 60

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

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?

yes

**OFFICE USE ONLY**

V

*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.

[Signature]

Date 04-04-18

LIEUTENANT CONROY  
Printed name/title

SIC TRAFFIC, DETAILS, LICENSING UNIT

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, full bar,

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

soda, see attached menu

Who will be responsible for serving alcoholic beverages at the Event? Brian T. Waldron

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.

Brian T. Waldron

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: [www.mass.gov/abcc](http://www.mass.gov/abcc)) Kappy's Importing

& Distributing Co. Inc. in Everett, MA

Date of Delivery: 4/21/18

Alcohol Serving Time (s): 5:30pm-7pm

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

unopened will be picked up by Kappy's. unused  
opened will be placed in trunk of designated car  
by responsible manager or bartender.

Date of Pick-Up: 4/23/18

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.) Tips certificate

General and Liquor Liability 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.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: Clarissa Rowe

Printed name: Clarissa Rowe

Printed title & Organization name: Cocktail Party

Email: clarissa.rowe@comcast.net

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*  
Adam F. Chafetz  
HCT President

ID#: 4405933 Name: Brian T Waldron  
Exam Date: 11/26/2016 Expiration Date: 11/26/2019



eTIPS On Premise 3.0

**CERTIFIED**

Issued: 11/26/2016

Expires: 11/26/2019

ID#: 4405933

Brian T Waldron  
Scutra Cedronie Restaurant  
92 Summer St  
Arlington, MA 02474-2931

For service visit us online at [www.gettips.com](http://www.gettips.com)

Clarissa Rowe  
137 Herbert Road  
Arlington, MA 02474  
Clarissa.rowe@comcast.net

Whittemore Robbins House  
670R Massachusetts Ave. Arlington, MA 02476

2 April 2018

SECURITY PLAN FOR ROWE COCKTAIL PARTY

A Cocktail Party will be held on Saturday, April 21, 2018 from 4:30pm-8:30pm at the Whittemore Robbins House. Alcohol service will run from 5:30pm-7:00pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 60 guests to attend. There will be no guests under the age of 21.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Scutra Cedrone Restaurant will provide the food and alcohol service. Brian T. Waldron is the TiPS certified bartender. Cid Bagniet, Responsible Manager, and Brian Waldron, bartender, and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in the Robbins Library parking lot, 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.



CEDRO-1

OP ID: JT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/01/2018

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).

<b>PRODUCER</b> Waverley Insurance Agency 493 Trapelo Road Belmont, MA 02478- James Tracey		<b>CONTACT NAME:</b> James Tracey <b>PHONE (A/C, No, Ext):</b> 617-484-5216 <b>FAX (A/C, No):</b> 617-489-4626 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Cedrone Restaurant DBA SCUTRA 92 Summer Street Arlington, MA 02474		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Travelers Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 36137	

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6806H2707431742	09/15/2017	09/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							PROPERTY 216,300

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Of Insurance prepared for Cedrone Restaurant dba Scutra.  
Certificate holder is also listed as additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

<b>ARLINT</b>  Town of Arlington Town Hall Arlington, MA 02174	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 
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

MENU FOR ROWE EVENT at  
Whittemore Robbins House  
April 21, 2018

*Vegetarian*

*Options:*

*Roasted veg Spring rolls*

*Spinach*

*Spanakopita*

*Tomato Basil Bruschetta*

*Stuffed Cherry Tomato w. chive brie*

*Seafood:*

*Shrimp*

*Scallops in bacon*

*Crab cakes*

*Tuna*

*Poultry and*

*Meats:*

*Lamb chops*

*Mini Hotdogs*

*Coconut Chix*

*Tender*

*Asian Beef*

*meatballs*



## **Town of Arlington, Massachusetts**

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**Request: Special (One Day) All Alcohol License, 4/28/18 @ Robbins Memorial Town Hall for 'The Waldorf School Gala Fundraiser'**

**Summary:**

Abigail Zimmelman, Development Coordinator, The Waldorf School

**ATTACHMENTS:**

	Type	File Name	Description
▯	Reference Material	Waldorf_School_special_application.pdf	Special Alcohol License Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant:

Abigail Zimmelman c/o Waldorf School

Address, phone & e-mail contact information:

739 Mass. Ave., Lexington, Ma. 781-863-1062 x564 A.immelman@thewaldorfschool.org

Name & address of Organization for which license is sought:

Waldorf School

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

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

Susan Shapiro, Schwartz Catering

Address, phone & e-mail contact information:

854 Broadway, Somerville, Ma. 617-308-0881 Sue@schwartzcatering.org

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?

somewhat regular - did an event in 2017 at Town Hall

24-Hour contact number for Responsible Manager on Event date:

617-308-0881

Title of Event:

Waldorf School Gala fundraiser

Date/time of Event:

Saturday, April 28, 2018 6:30 pm - 11:00 pm

Location of Event: Arlington Town Hall

Location/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

Invitation/social media within school

Number of people expected to attend: 140

Expected admission/ticket prices: \$95

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

included in ticket price

Will persons under age 21 be on premises? yes

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

Bartenders will check for ID's

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.

REX

Date 03-29-18

LT. Conroy CLC, TRAFFIC, DETAILS, + LICENSING  
Printed name/title

POLICE COMMENTS:

POLICE DETAIL OFFICER SCHEDULED

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/signature cocktail

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

savory/sweet tapas menu /waters/sodas

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

Schwartz Catering

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.

attached

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

Atlas Liquors Medford

Date of Delivery: Sat. 4/28/2018

Alcohol Serving Time (s) 6:30 pm - 10:30 pm

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

Atlas will take back what is not used.

Date of Pick-Up:

Mon. 4/30/2018

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.)

ATTACHED

**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: Abby Zimmerman

Printed title & Organization name: Development Coordinator, The Waldorf School

Email: A.ZIMMELMAN@THEWALDORFSCHOOL.ORG

revised: 5/18/2015 reformatted: 02252018



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2018

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).

<b>PRODUCER</b> Mackintire Insurance Agency Inc 11 West Main Street  Westborough MA 01581-1931		<b>CONTACT NAME:</b> Tracey Maffei <b>PHONE (A/C No, Ext):</b> (508) 366-6161 <b>FAX (A/C, No):</b> (508) 366-5202 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Swartz Catering Co. Inc. 866 Broadway  Somerville MA 02144		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Hartford <b>INSURER B:</b> Safety Insurance <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 39454	

**COVERAGES****CERTIFICATE NUMBER:** 17-18**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			08SBAJZ7072	8/1/2017	8/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Additional Insured \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6224314	8/1/2017	8/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	08WECCK3777	8/1/2017	8/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Liquor Liability</b>			08SBAJZ7072	8/1/2017	8/1/2018	Per Occurrence 1,000,000 General Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Town of Arlington is listed as additional insured with respects to general liability per written contract or agreement.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington  
Arlington Town Hall  
730 Mass Avenue  
Arlington, MA 02476

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

J Michael Cotter/KELS

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## This is your Official TIPS® Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

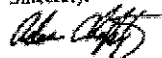
### Congratulations!

By successfully completing the TIPS (Training for Intervention ProcedureS) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

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 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,



Adam F. Chafetz  
President, HCI

**IMPORTANT:** Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

**TIPS** eTIPS On Premise 2.0 SSN: XXX-XX-XXXX  
Issued: 6/8/2015 Expires: 6/8/2018  
ID#: 4003568 D.O.B.: XX/XX/XXXX

Robert M. Tower  
Swartz Catering  
854 Broadway  
Somerville, MA 02144-1906

For service visit us online at [www.gettips.com](http://www.gettips.com)

## This is your Official TIPS® Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

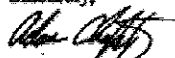
### Congratulations!

By successfully completing the TIPS (Training for Intervention ProcedureS) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or colleagues by using the techniques you have learned and taking a positive approach towards alcohol use.

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Sincerely,



Adam F. Chafetz  
President, HCI

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**TIPS** eTIPS On Premise 2.0 SSN: XXX-XX-XXXX  
Issued: 5/22/2015 Expires: 5/22/2018  
ID#: 3993202 D.O.B.: XX/XX/XXXX

Richard P. Chalone  
Swartz Catering  
854 Broadway  
Somerville, MA 02144-1906

For service visit us online at [www.gettips.com](http://www.gettips.com)



## **ROBBINS MEMORIAL TOWN HALL AUDITORIUM**

**730 Massachusetts Avenue, Arlington, Ma. 02476**

**20 March 2018**

### **SECURITY PLAN FOR WALDORF SCHOOL FUNDRAISER/AUCTION**

A fundraiser and auction for the Waldorf School of Lexington, Ma. will be held on Saturday, April 28, 2018, in the auditorium at Arlington Town Hall. The event is scheduled for 6:30 pm to 11:00 pm.

A One-Day Permit has been submitted to the Selectmen's Office.

This is the Security Plan.

Tickets will be sold for the event. We anticipate approximately 140 people to attend. Adults who have purchased tickets for the fundraiser will attend this event. The organizers do plan to use some high school students to help with set-up and breakdown.

Patsy Kraemer will be the event coordinator for the event. Schwartz Catering will provide bartender service. Greg Stathopoulos will be the custodian for the event. A committee of 10 staff and parent members will be responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. That officer will be available to help with any emergency situations that may arise.

Parking for the event will be available in the Town Hall parking lot, the parking lot at the Central School office building directly behind Town Hall, and on the side streets, as well as Mass. Ave.

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



## **Town of Arlington, Massachusetts**

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**Request: Special (One Day) All Alcohol License, 4/28/18 @ Robbins Library Reading Room for a Private Event**

**Summary:**

Michelle Noska, Beaujolais Catering

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Beaujolais_Special_Application_.pdf	Special Alcohol License Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Macee Damon

Address, phone & e-mail contact information: 54 Brattle St. Arlington, MA  
02474; 781-962-3757; mainermace@gmail.com

Name & address of Organization for which license is sought: \_\_\_\_\_

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

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

Michelle Noska

Address, phone & e-mail contact information: 207 Broadway, Arlington MA 02474;  
617-519-6081; michelle@beaujplaiscatering.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?

one-time event

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-519-6081

Title of Event: 50th Birthday Party

Date/time of Event: April 28, 2018 / 6:30pm - 11pm

Location of Event: Robbins Library Reading Room

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: mailed invitations

Number of people expected to attend: 60-80 guests

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? yes 15 guests ages 5-20

If "yes," please detail plan to prevent access of minors to alcoholic beverages. TIPS certified bartender will follow rules of alcohol service.

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.

Rex

Date 04-05-18

LT CONROY, DIR TRAFFIC, PATROLS, LICENSING  
Printed name/title

POLICE COMMENTS:

MUST CONFORM TO ALL STATE + LOCAL LAWS

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 + signature cocktail

What types of food and non-alcoholic beverages do you plan to serve at the Event? water, soda  
See attached menu

Who will be responsible for serving alcoholic beverages at the Event? (Aldo)  
Aldarico B de Oliveira

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 CTIPS ON Premise 2.0

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.

Aldarico G de Oliveira

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

Date of Delivery: April 28, 2018  
Alcohol Serving Time (s): 7pm - 10:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?  
unopened will be returned to Kappys  
unused opened put in trunk of car by responsible manager

Date of Pick-Up: April 29, 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.)

Tips certificate  
General & Liquor Liability 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.

**I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:**

Signature: Macee Damon

Printed name: Macee Damon

Printed title & Organization name: 50th Birthday Party

Email: mainermace@gmail.com

Menu for Damon 50<sup>th</sup> Birthday Party  
Robbins Library Reading Room  
April 28, 2018

Passed hors d'oeuvres:

beef, chicken, vegetarian and lobster

2/3 stationary hors d'oeuvres: a

vegetable plate, a cheese plate and

crackers and a mediterranean spread.

Cake later in the evening.

This card was issued for successful completion of the TIPS program.

Signature: \_\_\_\_\_

## This is your Official TIPS® Certification Card.

Carry it with you as evidence of your skills and knowledge in the responsible sale and consumption of alcohol.

### Congratulations!

By successfully completing the TIPS (Training for Intervention Procedures) program, you have taken your place in the forefront of a nationwide movement to reduce the tragedies resulting from the misuse of alcohol. We value your participation in the TIPS program.

You will help to provide a safer environment for your patrons, peers and/or leagues by using the techniques you have learned and taking a positive approach towards alcohol use.

If you have any information you think would enhance the TIPS program, or if you can assist you in any way, please contact us at 703-524-1200. Thank you for your dedication to the responsible sale and consumption of alcohol.

Sincerely,



Alan F. Chafetz  
President, HCI

**IMPORTANT:** Keep a copy of this card for your records. Write down your certification number because you will need it when contacting TIPS. For assistance or additional information, contact Health Communications, Inc. by using the information provided on the reverse side of your certification card. There is a minimal charge for a replacement card if your original card becomes lost, damaged or stolen.

**TIPS® eTIPS On Premise 2.0**  
Issued: 6/6/2015  
ID#: 4003613

SSN: XXX-XX-XXXX  
Expires: 6/6/2018  
D.O.B.: XX/XX/XXXX

Aldarico G de Oliveira  
364 Reservoir ave  
Revere, MA 02151

For service visit us online at [www.gettips.com](http://www.gettips.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2017

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).

<b>PRODUCER</b> Prescott and Son Insurance Agency, Inc. 963 Eastern Avenue  Malden MA 02148		<b>CONTACT</b> Commercial Lines NAME: PHONE (A/C, No, Ext): (781) 322-2350 FAX (A/C, No): E-MAIL: ADDRESS:	
<b>INSURED</b> Michele Noska DBA; Beaujolais Catering 207 A Broadway  Arlington MA 02474		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Ohio Security Ins Co NAIC # 24082 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES** **CERTIFICATE NUMBER:** CL1741225218 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BK856554619	4/9/2017	4/9/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Expense Mod Factor 1 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>LIQUOR LIABILITY</b>			BK856554619	4/9/2017	4/9/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder name as additional insured

## CERTIFICATE HOLDER

Town Of Arlington  
730 Mass Avenue  
Arlington, MA 02474

## CANCELLATION

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

J S Scholnick/MPB

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Macee Damon  
54 Brattle Street  
Arlington, MA 02474  
[mainermace@gmail.com](mailto:mainermace@gmail.com)

Robbins Library Reading Room  
700 Massachusetts Ave. Arlington, MA 02476

2 April 2018

**SECURITY PLAN FOR DAMON 50<sup>th</sup> BIRTHDAY PARTY**

A 50<sup>th</sup> Birthday Party will be held on Saturday, April 28, 2018 from 5:00pm-11:30pm at the Robbins Library Reading Room. Alcohol service will run from 7:00pm-10:30pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 60-70 guests to attend.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Robbins Library Reading Room. Beaujolais Catering will provide the food and alcohol service. Aldarico G de Oliveira is the TiPS certified bartender. Michelle Noska, Responsible Manager, and Aldarico G de Oliveira, bartender, and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in the Robbins Library parking lot, 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.



## **Town of Arlington, Massachusetts**

---

**Request: Special (One Day) All Alcohol License, 4/28/18 @ Whittemore Robbins House for a Private Event**

**Summary:**

Carolyn Navikonis

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Navikonis_Special_Application.pdf	Special Alcohol License Application

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Carolyn Navikonis

Address, phone & e-mail contact information: 24 Madison Ave. Unit 1 Cambridge, MA 02140; 609-439-8437; carolyn.roscoe@gmail.com

Name & address of Organization for which license is sought: \_\_\_\_\_

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

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

Mimi Deignan

Address, phone & e-mail contact information: 66 South St. Somerville MA 02143; 617-872-1052 mndeignan@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?

one-time event

24-Hour contact number for Responsible Manager of Alcohol Event date: 617-872-1052

Title of Event: Navikonis' Family Christening Reception

Date/time of Event: April 28, 2018 / 1:00pm - 7:00pm

Location of Event: Whittemore Robbins House

Location/Event Coordinator: Victoria Rose

Method(s) of invitation/publicity for Event: email invites

Number of people expected to attend: 100

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? 7 under 3 yrs. old.

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Bartender will follow rules of TIPS certification.

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.

Trex

Date 04-05-18

LT CONROY DIC TRAFFIC, DETAILS, + LICENSING  
Printed name/title

POLICE COMMENTS:

MUST CONFORM TO ALL STATE + LOCAL LAWS

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, vodka, gin, scotch

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

soft drinks, water; coffee - see attached menu

Who will be responsible for serving alcoholic beverages at the Event? Annie Flavin, Bartender with Jules catering

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.

Annie Flavin

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: [www.mass.gov/abcc](http://www.mass.gov/abcc)) Adonna Imports LLC  
in Waltham

Date of Delivery: 4/28/18  
Alcohol Serving Time (s): 3pm - 6pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?  
unused opened bottles will be placed in trunk of clients car by responsible manager / designee. Unopened will be picked up by wholesale liquor company.

Date of Pick-Up: 4/29/18

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.) Tips certificate / General and Liquor Liability 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.

**I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:**

Signature: Carolyn Navikonis  
Printed name: Carolyn Navikonis  
Printed title & Organization name: Christening Reception  
Email: carolyn.roscoe@gmail.com

Menu for Carolyn Navikonis Christening Reception  
April 28, 2018 at Whittemore Robbins House

*Chicken Satay with Peanut Sauce Dip*  
*Goat Cheese and Sundried Tomato Tartlets*  
*Crab Cakes with Cajun Remoulade*  
*Spinach and Feta Phyllo Triangles*

*Artichoke crusted Salmon with Lemon Beurre Blanc*  
*Pastitsio*  
*Rice Pilaf*  
*Lemon Scented Asparagus with Lemon Zest*  
*Greek Salad*  
*Assorted Rolls served with Sweet Butter*

*Assorted Miniature Pastries including Baklava and Dessert Bars*

*Coffee Service*

**Town of Arlington  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE BOARD OF HEALTH**



**FOOD OPERATOR  
TEMPORARY PERMIT**

Permit No...010...

Date: April 28, 2018

In accordance with regulations promulgated under authority of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws a permit is hereby granted to:

**Jules Catering**  
66 South Street, Somerville, MA  
PIC: Mimi Deignan

To operate a:

- ☐ Retail Food Establishment
- ☐ Food Service Establishment
- ☐ Catering Establishment
- ☐ Mobile Food Server
- ☒ Temporary

Event Located at:

Whittemore Robbins House, 670R Mass Ave

includes:

Chicken Satey w/ Peanut Sauce Dip, Goat Cheese & Sundried Tomato Tartlets, Crab Cakes w/Cajun Remoulade, Spinich & Feta Phyllo, Artichoke crusted Salmon w/lemon beurre blanc, Pastitsio, Rice Pilaf, Lemon Scented Asparagus, Greek Salad, Rolls & Butter

Permit Expires ....4/29/2018...

Fee: \$25.00

*Christine Bongiorno*

.....  
**Christine M. Bongiorno**  
Director of Health and Human Services



eTIPS On Premise 3.0

**CERTIFIED**

Issued: 1/30/2017

Expires: 1/30/2020

ID#: 4444818

Annie Flavin

Jules Catering

66 South St

Somerville, MA 02143-4226

For service visit us online at [www.gettips.com](http://www.gettips.com)

Carolyn Navikonis  
24 Madison Avenue Unit 1  
Cambridge, MA 02140  
Carolyn.roscoe@gmail.com

Whittemore Robbins House  
670R Massachusetts Ave. Arlington, MA 02476

2 April 2018

**SECURITY PLAN FOR NAVIKONIS CHRISTENING RECEPTION**

A Christening Reception will be held on Saturday, April 28, 2018 from 1:00pm-7:30pm at the Whittemore Robbins House. Alcohol service will run from 3:00pm-6:00pm.

An Alcohol Permit Application has been submitted to the Selectmen's Office.

This is the Security Plan.

We anticipate approximately 100 guests to attend. There will seven children under the age of 3 years old.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Jules Catering will provide the food and alcohol service. Annie Flavin is the TiPS certified bartender. Mimi Deignan, Responsible Manager, and Annie Flavin, 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.



JULECAT-01

JHOGAN

DATE (MM/DD/YYYY)  
02/20/2018

## CERTIFICATE OF LIABILITY INSURANCE

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  
Roblin Insurance Agency  
144 Gould Street Suite 100  
Needham, MA 02494

CONTACT  
NAME: \_\_\_\_\_  
PHONE (A/C, No, Ext): (781) 455-0700 FAX (A/C, No): (781) 449-8976  
E-MAIL ADDRESS: certificates@roblininsurance.com

INSURER(S) AFFORDING COVERAGE  
INSURER A: Liberty Mutual Insurance Company NAIC # 23043

INSURED

Jules Catering, Inc.  
Ms. Annie Flavin  
66 South Street  
Somerville, MA 02143

INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CBP1624215	09/30/2017	09/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> Comprehensive			BA1624209	09/30/2017	09/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Deductibles \$ 500
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU8726208	09/30/2017	09/30/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC1624211	09/30/2017	09/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: 4/28/18

Whittemore Robbins House &amp; the Town of Arlington is named as additional insured with regard to liability of the named insured.

## CERTIFICATE HOLDER

Whittemore Robbins House  
670 R. Massachusetts Avenue  
Arlington, MA 02174

## CANCELLATION

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



## Town of Arlington, Massachusetts

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### Request: Contractor/Drainlayer License

#### Summary:

Stoneworks, 124 Wollaston Avenue, Arlington, MA

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Stoneworks_Contractor_Drainlayer.pdf	Engineering recommendation, Town application, Meeting notice



Engineering Division

TOWN OF ARLINGTON  
Department of Public Works  
51 Grove Street  
Arlington, Massachusetts 02476  
Office (781) 316-3320 Fax (781) 316-3281

## MEMORANDUM

To: Board of Selectmen  
From: Engineering Division  
Re: Approved Contractor License  
Date: March 27, 2018

Dear Honorable Board Members,

Reference is hereby made to an application by Douglas Houston of Stoneworks to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Stoneworks  
124 Wollaston Ave  
Arlington, MA 02476  
Douglas Houston  
Phone: 781-648-6573  
Email: [ustn124@gmail.com](mailto:ustn124@gmail.com)

Upon review of the provided references supplied by the contractor, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

Joseph Szafarowicz  
Civil Engineer, Arlington Engineering Division

cc: Wayne Chouinard, Town Engineer



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

## APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

**Directions:** Please complete ALL fields below and deliver the completed application to the Department of Public Works Engineering Department at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a \$75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

### Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

☐ Water ☐ Sanitary Sewer ☐ Stormwater Drainage ☐ Sewer/Drain Inspection ☒ Driveway Work ☒ Curb/Sidewalk Work

### Applicant Information

Applicant/Firm Name: STONEWORKS

Select One: ☐ Corporation ☐ Partnership ☒ Proprietorship ☐ Other: \_\_\_\_\_

Street Address: 124 Wollaston Ave City/Town: ARLINGTON State: MA

Primary Phone: 617 811 248-6925 E-mail: usn124@gmail.com

Length of Time in Business under the same Firm Name: 25 yrs.

Full Name(s) of Principal(s): Douglas M Houston

Primary Contact Person: Douglas M Houston

### Experience/Previous Work

Nature of Typical/Standard Work: Excavating/Stone Setting

Have you ever performed this type of work in Arlington: ☐ Yes ☒ No

If Yes, Please provide Location: \_\_\_\_\_ Approximate Date: \_\_\_\_\_

Total Amount of such construction this year: 5-10 -Thousand

Total Amount of such construction last year: 0

Total Amount of such construction next previous year: Pending

### Municipal References - Please Attach Written Reference Letters

Municipality: Boston Building Dept

Primary Contact Name: (617) 635-5300 Email: \_\_\_\_\_

Municipality: Arlington

Primary Contact Name: Rick Email: \_\_\_\_\_

Municipality: 781 455-7550

Primary Contact Name: Needham Email: \_\_\_\_\_

### Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: Cambridge Savings Bank Phone: (617) 441-4204 Rick

Federal Tax ID or Social Security:

**Note to Town Staff: Redact social security # before releasing document**

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

### Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: Douglas M Houston Date: 3/19/18

Reset Form

Print Form



## GENERAL CONTRACTOR

WALLS • PATIOS • STAIRS • ALL DESIGN & TYPES OF STONE

DOUG HOUSTON

TEL.: (781) 648-6573

FAX.: (781) 643-7329

UNRESTRICTED LIC.# 075932 & FULLY INSURED

I've been working w  
Boston w/ 3 Companies Boston TREE  
Gold Landscape / RAINMASTERS  
& didn't Renew

*Doug Houston*

## OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR  
KEVIN F. GREELEY, VICE CHAIR  
DIANE M. MAHON  
DANIEL J. DUNN  
CLARISSA ROWE



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

March 28, 2018

Douglas Houston  
Stoneworks  
124 Wollaston Ave  
Arlington, MA 02476

Dear Mr. Houston:

The Board of Selectmen will be discussing your request for a License to do Drainlaying in the Town of Arlington on Monday, April 9<sup>th</sup> in the Selectmen's Chambers, Town Hall, 2<sup>nd</sup> Floor. The meeting begins at 7:15 p.m. Although it is not a requirement that you attend the meeting, you are invited to be in attendance.

Very truly yours,  
BOARD OF SELECTMEN

A handwritten signature in cursive script, reading "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:fr



## **Town of Arlington, Massachusetts**

---

**Appointments of New Election Workers:** (1) Donna Hessel, 11 Pondover Road, U, Pct. 19; (2) William Larson, 98 Spring Avenue, U, Pct. 12; (3) Frances Marshall, 74 Varnum Street, D, Pct. 6; (4) Julie Rigazio, 46 Sunset Road, U, Pct. 12; (5) Marlene Rockmore, 18 Perkins Street, D, Pct. 14; (6) Margaret Stanley, 9 Lancaster Road, D, Pct. 20; (7) Jacalyn Starr, 153 Mt. Vernon Street, U, Pct. 12; (8) Lauren Sweetser, 82 Milton Street, U, Pct. 19; (9) Marcie Theriault, 248 Gray Street, U, Pct. 14

### **ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Election_Workers.pdf	Master Records

# ELECTION WORKER'S MASTER RECORD

Date: 4-3-18

Check One:       ✓       New Employee  
                     Change to Existing Employee

Vendor #	_____	Position	<u>INSPECTOR</u>
Name:	<u>DONNA HESSEL</u>	Democrat	_____
Address:	<u>11 PONDVER ROAD</u>	Republican	_____
	<u>BILLERICA, MA</u>	Unenrolled	<u>✓</u>
Zip Code	<u>01821</u>	Precinct	<u>19</u>
Alpha/ Last Name	_____	Phone #	_____

Position Codes:

10 – Warden	60 – Deputy Clerk
20 – Deputy Warden	70 – Teller
30 – Inspector	80 – Substitute
40 – Deputy Inspector	90 – Custodian
50 – Clerk	

# ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One:           ✓      New Employee  
   Change to Existing Employee

Vendor #	_____	Position	INSPECTOR
Name:	William Larson	Democrat	_____
Address:	98 Spring Ave.	Republican	_____
	_____	Unenrolled	✓
Zip Code	02476	Precinct	1A
Alpha/ Last Name	_____	Phone #	_____

Position Codes:

10 – Warden	60 – Deputy Clerk
20 – Deputy Warden	70 – Teller
30 – Inspector	80 – Substitute
40 – Deputy Inspector	90 – Custodian
50 – Clerk	

## ELECTION WORKER'S MASTER RECORD

Date: 4/3/18

Check One:           ✓      New Employee  
   Change to Existing Employee

Vendor #		Position	INSPECTOR
Name:	FRANCES MARSHALL	Democrat	✓
Address:	74 VARNUM ST.	Republican	
		Unenrolled	
Zip Code	02474	Precinct	6
Alpha/ Last Name		Phone #	

Position Codes:

10 – Warden	60 – Deputy Clerk
20 – Deputy Warden	70 – Teller
30 – Inspector	80 – Substitute
40 – Deputy Inspector	90 – Custodian
50 – Clerk	

# ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One:           ✓           New Employee  
Change to Existing Employee

Vendor #	_____	Position	<u>INSPECTOR</u>
Name:	<u>Julie Rigazio</u>	Democrat	_____
Address:	<u>46 SUNSET ROAD</u>	Republican	_____
	_____	Unenrolled	<u>✓</u>
Zip Code	<u>08474</u>	Precinct	<u>12</u>
Alpha/ Last Name	_____	Phone #	_____

Position Codes:	10 – Warden	60 – Deputy Clerk
	20 – Deputy Warden	70 – Teller
	30 – Inspector	80 – Substitute
	40 – Deputy Inspector	90 – Custodian
	50 – Clerk	

# ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One:           ✓      New Employee  
                                                          Change to Existing Employee

Vendor #		Position	INSPECTOR
Name:	MARLENE ROCKMORE	Democrat	✓
Address:	18 PERKINS STREET	Republican	
		Unenrolled	
Zip Code	02474	Precinct	14
Alpha/ Last Name		Phone #	

Position Codes:	10 – Warden	60 – Deputy Clerk
	20 – Deputy Warden	70 – Teller
	30 – Inspector	80 – Substitute
	40 – Deputy Inspector	90 – Custodian
	50 – Clerk	

# ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One: ✓ New Employee  
                     Change to Existing Employee

Vendor #	<u>                                    </u>	Position	<u>INSPECTOR</u>
Name:	<u>MARGARET STANLEY</u>	Democrat	<u>✓</u>
Address:	<u>9 LANCASTER ROAD</u>	Republican	<u>                                    </u>
	<u>                                    </u>	Unenrolled	<u>                                    </u>
Zip Code	<u>02476</u>	Precinct	<u>20</u>
Alpha/ Last Name	<u>                                    </u>	Phone #	<u>                                    </u>

Position Codes:	10 – Warden	60 – Deputy Clerk
	20 – Deputy Warden	70 – Teller
	30 – Inspector	80 – Substitute
	40 – Deputy Inspector	90 – Custodian
	50 – Clerk	

# ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One:       ✓       New Employee  
                                     Change to Existing Employee

Vendor #		Position	INSPECTOR
Name:	Jacalyn STARR	Democrat	
Address:	153 MT. VERNON ST.	Republican	
		Unenrolled	✓
Zip Code	08476	Precinct	18
Alpha/ Last Name		Phone #	

Position Codes:

10 – Warden	60 – Deputy Clerk
20 – Deputy Warden	70 – Teller
30 – Inspector	80 – Substitute
40 – Deputy Inspector	90 – Custodian
50 – Clerk	

## ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One:           ✓      New Employee  
   Change to Existing Employee

Vendor #		Position	INSPECTOR
Name:	LAUREN SWEETSER	Democrat	
Address:	82 MILTON ST.	Republican	
		Unenrolled	✓
Zip Code	02474	Precinct	19
Alpha/ Last Name		Phone #	

Position Codes:

10 – Warden	60 – Deputy Clerk
20 – Deputy Warden	70 – Teller
30 – Inspector	80 – Substitute
40 – Deputy Inspector	90 – Custodian
50 – Clerk	

## ELECTION WORKER'S MASTER RECORD

Date: 3/27/18

Check One:       ✓       New Employee  
Change to Existing Employee

Vendor #	_____	Position	<u>INSPECTOR</u>
Name:	<u>MARIE THERIAULT</u>	Democrat	_____
Address:	<u>248 GRAY STREET</u>	Republican	_____
	_____	Unenrolled	<u>✓</u>
Zip Code	<u>02476</u>	Precinct	<u>14</u>
Alpha/ Last Name	_____	Phone #	_____

Position Codes:	10 – Warden	60 – Deputy Clerk
	20 – Deputy Warden	70 – Teller
	30 – Inspector	80 – Substitute
	40 – Deputy Inspector	90 – Custodian
	50 – Clerk	



## **Town of Arlington, Massachusetts**

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### **Park and Recreation Commission**

#### **Summary:**

Christine Tarantino (term to expire 1/31/2019)

#### **ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Tarantino_appt.pdf	Town Manager recommendation, Tarantino resume, Meeting notice

RECEIVED  
SELECTMEN'S OFFICE  
ARLINGTON, MA 02476

2018 APR -5 AM 7:55



**Town of Arlington  
Office of the Town Manager**

**Adam W. Chapdelaine  
Town Manager**

**730 Massachusetts Avenue  
Arlington MA 02476-4908  
Phone (781) 316-3010  
Fax (781) 316-3019  
E-mail: [achapdelaine@town.arlington.ma.us](mailto:achapdelaine@town.arlington.ma.us)**

**MEMORANDUM**

**DATE:** April 4, 2018

**TO:** Board Members

**SUBJECT:** Appointment to the Park and Recreation Commission

This memo is to request the Board's approval of my appointment of Christine Tarantino, Arlington, MA, to the Disability Commission with a term expiration date of 1/31/2019.

  
Town Manager

**Christine Tarantino**

**Arlington Ma. 02476**

**EMPLOYMENT:**

**Winchester Public Schools:** Kindergarten Teacher at the Vinson Owen Elementary School, 1987-present.

**PERSONAL:** I have lived in Arlington all my life, as well as my husband of 26 years. We have two daughters in college. Both were very active in sports at AHS. One graduated in 2012 and the other in 2014.

**VOLUNTEER AND COACH EXPERIENCE:**

**Volunteer Arlington High Varsity Softball Coach:** 2015

**Softball Coach for AYBSA:** 2002-2012

**Coach of All Star Softball, AYBSA:** 2006, 2012

**Summer Softball Coach for Jimmy Fund and Middlessex:**  
2004-2010.

**Served on Interview Committee for new Athletic Director**  
**2013:** Volunteer Parent

**EDUCATION:**

**Salem State University:** Masters of Education, 1994.

**Westfield State University:** BS in Elementary Education grades 1-6 and Pre-K to second grade, 1985.

**Arlington High School-Class of 1981**

## OFFICE OF THE BOARD OF SELECTMEN

JOSEPH A. CURRO, JR., CHAIR  
KEVIN F. GREELEY, VICE CHAIR  
DIANE M. MAHON  
DANIEL J. DUNN  
CLARISSA ROWE



730 MASSACHUSETTS AVENUE  
TELEPHONE  
781-316-3020  
781-316-3029 FAX

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

March 28, 2018

Christine Tarantino

Re: Appointment: Park and Recreation Commission

Dear Ms. Tarantino:

As a matter of the standard appointment procedure, the Board of Selectmen requests that you attend a meeting of the Board of Selectmen at Town Hall, Selectmen's Chambers, 2<sup>nd</sup> Floor, 730 Massachusetts Avenue, on Monday, April 9th at 7:15 p.m.

It is a requirement of the Board of Selectmen that you be present at this meeting. Your presence will give the Board an opportunity to meet and discuss matters with you about the area of activity in which you will be involved.

Please contact this office to confirm the date and time with either Fran or Ashley at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

*Marie A. Krepelka*  
Marie A. Krepelka  
Board Administrator

MAK:fr



## Town of Arlington, Massachusetts

---

### For Approval: Sidewalk Cafe License Renewals, Broadway Plaza

#### Summary:

Common Ground, 319 Broadway

Caffé Nero, 311-321 Broadway

Twyrl, 315 Broadway

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Broadway_Plaza_License_App._Report.pdf	Broadway Plaza Application Report Summary
▢	Reference Material	Common_Ground_Application_and_Report.pdf	Common Ground Application and Reports
▢	Reference Material	Caffe_Nero_Application_and_Report.pdf	Caffe Nero Application and Reports
▢	Reference Material	Twyrl_Application_and_Report.pdf	Twyrl Application and Reports

## LICENSE APPLICATION REPORT – BROADWAY PLAZA

Common Ground – 319 Broadway

Caffe Nero – 311-321 Broadway

Twyrl – 315 Broadway

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- BOH              X
- Building        X
- Planning        X
- ADA             X

The following Departments have **objections** to the issuance of said license: (see attached)

- BOH
- Building
- Planning
- ADA



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

To: Board of Selectmen  
From: Kylee Sullivan, Health Compliance Officer  
Date: March 9, 2018  
RE: Café Outdoor Seating Permit Renewals

---

Please accept the following as comments from the Office of the Board of Health regarding Permit Renewals for Café Outdoor Seating at **Common Ground**, Caffé Nero, and Twyrl:

- The Establishments must prohibit smoking in the outdoor seating areas by conspicuously posting a notice or sign which states "No Smoking" or the by using a sign with the international "No Smoking" symbol in the outdoor area.
- The owners or designated Persons in Charge are responsible for maintaining the outdoor seating areas Smoke Free.
- Any Person In Charge of a public place or workplace who fails to comply with the regulations is subject to a fine of two hundred dollars (\$200.00) for each day of the violation.
- The Establishments are responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance. The Establishment must clean and remove improperly discarded food waste and related garbage from the outdoor seating areas on a nightly basis.
- The Establishments must empty trash receptacles used for the outdoor seating areas on a nightly basis.

**BOARD OF SELECTMEN  
RENEWAL - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 319 Broadway  
Applicant's Name: Bob O'Guin  
D/B/A: Common Ground  
Telephone: 781-728-0060  
Department: Sent Interoffice Mail & E-mail Date: 3/7/18

---

**MEETING DATE: 4/9/18**

**RE: SIDEWALK CAFÉ PERMIT**

Inspected by: Board of Health

Building

Planning

ADA

Comments by each Division or Department:

**The Building Department has no objections to issuing this license as long as all of the following conditions are complied with:**

All building changes need building permits.

All sign changes need approval and sign permit.

The Director of Inspectional Services has no objection to the issuance of this license pending compliance with Zoning and Building Code Regulations.

---

**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**BOARD OF SELECTMEN  
RENEWAL - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 319 Broadway  
Applicant's Name: Bob O'Guin  
D/B/A: Common Ground  
Telephone: 617-783-2071  
Department: Sent Interoffice Mail & E-mail

Date: 4/3/18

---

**MEETING DATE: 4/9/18**

Departments:

**Re: Sidewalk Café Permit**

Police

Fire

Board of Health

Building

Planning – Ali Carter, Economic Development Coordinator

Comments by each Division or Department:

The existing approved outdoor seating for this restaurant consists of 10 tables and 38 seats in a cordoned space separated from the restaurant's façade by a pedestrian travel corridor in excess of nine feet. The outdoor seating area is sufficiently buffered by planters and flexible cordons. The applicant also demonstrates acceptable coverage of \$1,000,000 in general liability insurance.

The Department of Planning and Community Development has no objection to the issuance of a sidewalk café permit to the Applicant.

Any changes in signage, including signs in the window, and changes to the facade of the building are subject to review by this department. The applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

---

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431

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MEMO TO: Board of Selectmen  
Adam Chapdelaine

FROM: Jack Jones, ADA Coordinator

DATE: April 2, 2018

RE: Sidewalk Café Permit

It appears from the attached diagram and a completed survey of the outdoor dining location proposed by **Common Ground, 319 Broadway** that all conditions pertaining to accessibility of sidewalk dining are in compliance with federal and state regulations.

In order to be in compliance with regards to outside dining the absolute minimum clear accessible path of travel along the sidewalk must be at least 36" excluding curb stones. The Arlington Commission on Disability however would prefer that the accessible path of travel be at least 48", but the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines require a minimum accessible path of 36". The proposed accessible path of travel at 319 Broadway will exceed the required accessible minimum. Possible obstructions on the sidewalk that could affect compliance that will need to be watched are tables, chairs, other furniture, planters, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

CK # 2701 \$50.

## Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

### (PLEASE TYPE OR PRINT)

Business Name:

Common Ground

Length of Storefront (ft):

30' 5"

Business Address/Location:

319 Broadway

Width of Sidewalk along Storefront (ft); \*1:

54' to 90'

Phone Number/Email:

781-728-0060 / commongroundarlington@gmail.com

Length of Proposed Sidewalk Café (ft):

26' 8"

Business Representative's Name:

Bob O'Leary

Width of Proposed Sidewalk Café (ft); \*2:

22' 5"

Name & Address of Building Owner:

Patricia Simboli 397 Main St. Woburn MA 01801

\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

\*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.

### Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
  - No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
    - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:

- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
  - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
  - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
  - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
  - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
  - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
  - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
  - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or

- At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
  - Patrons must wear shoes and shirts at all times.
  - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act within and around the exterior of the sidewalk café.
  - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
  - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
  - All permit holders shall be required to abide by all federal, state, and local laws.
  - Outdoor alcohol service (and food service when alcohol is served outdoors) shall conclude at or before 10:00 p.m. Sunday through Thursday, and at or before 11:00 p.m. Friday and Saturday.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning

and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1<sup>st</sup> through December 31st and is non-transferable.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated 11/6, 2017 By: Bob D. O'Gon Jr.  
(Signature)

(Print Name & Address) Bob D. O'Gon Jr. 319 Broadway  
ARLINGTON MA  
02474

#### NOTE:

No sales or consumption of any alcoholic beverages can be allowed by the license holder in the patio area unless and until the changes to their location are approved by both the LLA, the ABCC and a new amended license (with the approved changes added to the description of premises) is issued.

Go to: [www.mass.gov/abcc](http://www.mass.gov/abcc) website for the ABCC application - Alteration of Premises and return with this application.

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

**SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT**

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of Common Ground, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of Common Ground, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

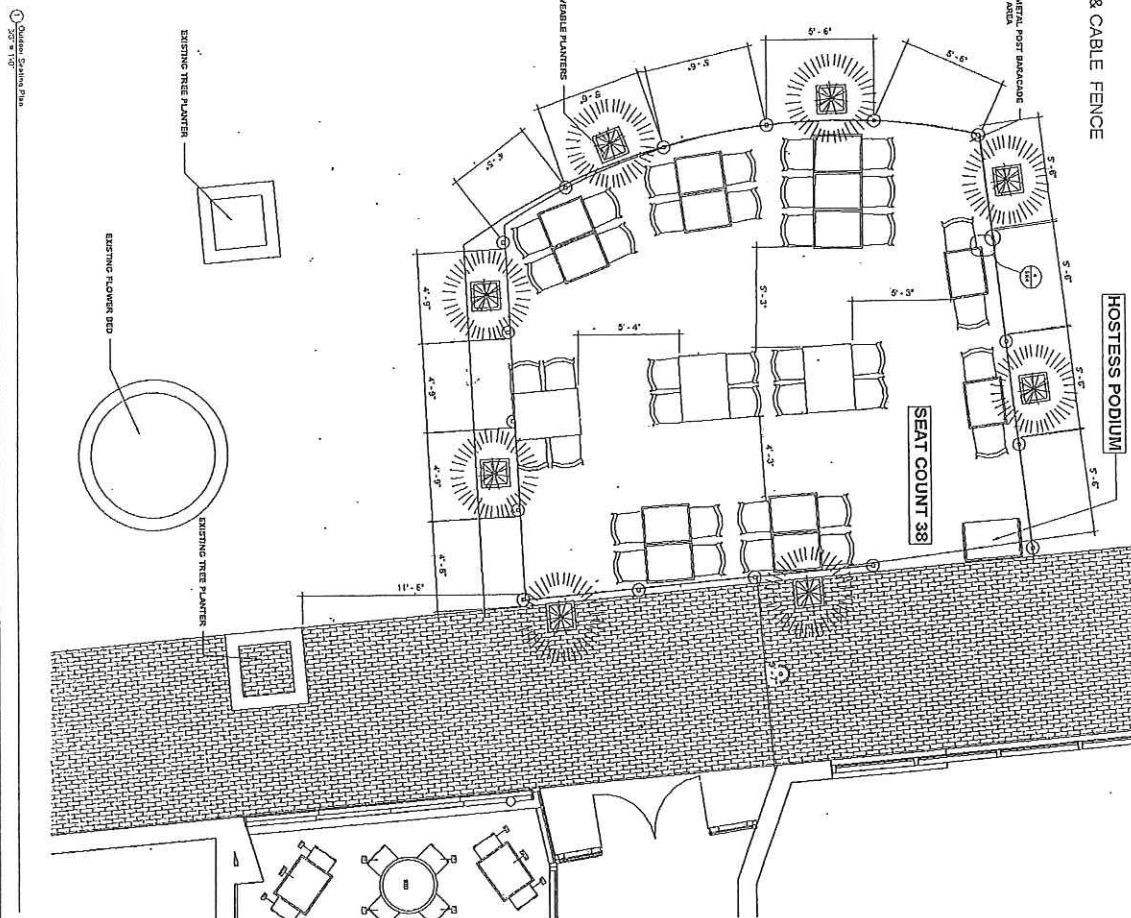
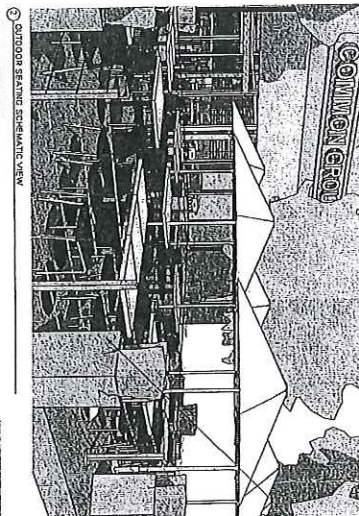
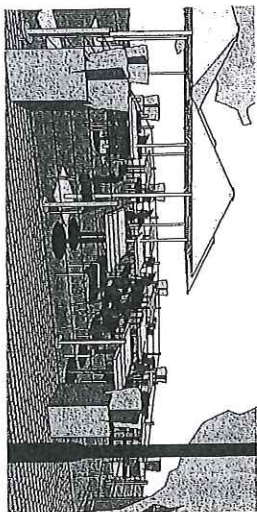
I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

[Signature]  
Signature

11/6/17  
Date



BMCCT

## Common Ground

319 BROADWAY ST.  
ARLINGTON, MA 02474

ISSUED:  
01/06/2015  
DESCRIPTION:

CONNOR ARCHITECTURE

1015 Kuylenstierna Ave.  
Washington, PA 15389  
PH 412/831-7111 FAX 412/831-7200



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/07/2017

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: Lynn LeCourt
Malcolm & Parsons Insurance Agency	PHONE (A/C, No, Ext): (781)344-3200 FAX (A/C, No): (781)344-1425
713 Washington Street	E-MAIL ADDRESS: llc@malcolmandparsons.com
P.O. Box 527	INSURER(S) AFFORDING COVERAGE
Stoughton MA 02072	INSURER A: Hospitality Mutual Insurance Company
INSURED	INSURER B: NorGUARD
Blog Corp, DBA: Common Ground Arlington	INSURER C:
319 Broadway Street	INSURER D:
Arlington MA 02474	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: Master 11/07/2017

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			00081780GL	10/07/2017	10/07/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired Non Owned Auto \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			00081780GL	10/07/2017	10/07/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			00081780EL	10/07/2017	10/07/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	BLWC801154	10/21/2017	10/21/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY			00081782LL	10/07/2017	10/07/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Tavern; Town of Arlington is Additional Insured on the above referenced General Liability policy

Triton Arlington LLC &amp; ACS Development Corp. are Additional Insured on the above referenced General Liability policy

## CERTIFICATE HOLDER

## CANCELLATION

Town of Arlington 730 Massachusetts Avenue Arlington MA 02476	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 <i>Anne J. Parsons</i>
---	---

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Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

To: Board of Selectmen  
From: Kylee Sullivan, Health Compliance Officer  
Date: March 9, 2018  
RE: Café Outdoor Seating Permit Renewals

---

Please accept the following as comments from the Office of the Board of Health regarding Permit Renewals for Café Outdoor Seating at Common Ground, **Caffé Nero**, and Twyrl:

- The Establishments must prohibit smoking in the outdoor seating areas by conspicuously posting a notice or sign which states "No Smoking" or the by using a sign with the international "No Smoking" symbol in the outdoor area.
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- The Establishments must empty trash receptacles used for the outdoor seating areas on a nightly basis.

**BOARD OF SELECTMEN  
RENEWAL - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 311-321 Broadway  
Applicant's Name: Bruce Kidder  
D/B/A: Caffé Nero  
Telephone: 617-245-8902  
Department: Sent Interoffice Mail & E-mail Date: 3/7/18

---

**MEETING DATE: 4/9/18**

**RE: SIDEWALK CAFÉ PERMIT**

Inspected by: Board of Health

Building  
Planning  
ADA

Comments by each Division or Department:

**The Building Department has no objections to issuing this license as long as all of the following conditions are complied with:**

All building changes need building permits.

All sign changes need approval and sign permit.

The Director of Inspectional Services has no objection to the issuance of this license pending compliance with Zoning and Building Code Regulations.

---

**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**BOARD OF SELECTMEN  
RENEWAL - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 311–321 Broadway  
Applicant's Name: Bruce Kidder  
D/B/A: Caffè Nero  
Telephone: 617-245-8902  
Department: Sent Interoffice Mail & E-mail Date: 4/3/18

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**MEETING DATE: 4/9/18**

Departments:

**Re: Sidewalk Café Permit**

Police

Fire

Board of Health

Building

Planning – Ali Carter, Economic Development Coordinator

Comments by each Division or Department:

The proposed outdoor seating for this business consists of 13 tables and 26 seats in a cordoned space separated from the business's façade by a pedestrian travel corridor that measures 12 feet. The outdoor seating area is sufficiently buffered by planters and flexible cordons.

The Department of Planning and Community Development has no objection to the issuance of a sidewalk café permit to the Applicant.

Any changes in signage, including signs in the window, and changes to the facade of the building are subject to review by this department. The applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

---

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431

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MEMO TO: Board of Selectmen  
Adam Chapdelaine

FROM: Jack Jones, ADA Coordinator

DATE: April 2, 2018

RE: Sidewalk Café' Permit

It appears from the attached diagram and a completed survey of the outdoor dining location proposed by **Caffe Nero, 311-321 Broadway** that all conditions pertaining to accessibility of sidewalk dining are in compliance with federal and state regulations.

In order to be in compliance with regards to outside dining the absolute minimum clear accessible path of travel along the sidewalk must be at least 36" excluding curb stones. The Arlington Commission on Disability however would prefer that the accessible path of travel be at least 48", but the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines require a minimum accessible path of 36". The proposed accessible path of travel at 311-321 Broadway will be 12'. Possible obstructions on the sidewalk that could affect compliance that will need to be watched are tables, chairs, other furniture, planters, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

# Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

## (PLEASE TYPE OR PRINT)

Business Name:

CAFFE NERO

Business Address/Location:

311-321 BROADWAY

Phone Number/Email:

617-245-8902

Business Representative's Name:

Bruce Kidder

Name & Address of Building Owner:

Triton Arlington LLC / 397 Main St, Woburn, MA 01801

\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

\*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.

Length of Storefront (ft):

33' 9"

Width of Sidewalk along Storefront (ft); \*1:

55'

Length of Proposed Sidewalk Café (ft):

33'

Width of Proposed Sidewalk Café (ft); \*2:

20'

## Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
  - No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
    - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:

- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
  - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
  - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
  - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
  - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
  - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
  - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
  - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or

- **At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.**

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
  - Patrons must wear shoes and shirts at all times.
  - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act within and around the exterior of the sidewalk café.
  - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
  - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
  - All permit holders shall be required to abide by all federal, state, and local laws.
  - Outdoor alcohol service (and food service when alcohol is served outdoors) shall conclude at or before 10:00 p.m. Sunday through Thursday, and at or before 11:00 p.m. Friday and Saturday.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning

and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1<sup>st</sup> through December 31st and is non-transferable.

I have read and fully understand the above rules and regulations applying to the approval of this permit.

Dated NOVEMBER 21, 2017

By: 

(Signature)

(Print Name & Address) BRUCE KIDDER - 320 CONGRESS ST, 4<sup>th</sup> FL  
BOSTON, MA 02110

#### NOTE:

No sales or consumption of any alcoholic beverages can be allowed by the license holder in the patio area unless and until the changes to their location are approved by both the LLA, the ABCC and a new amended license (with the approved changes added to the description of premises) is issued.

Go to: [www.mass.gov/abcc](http://www.mass.gov/abcc) website for the ABCC application - Alteration of Premises and return with this application.

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

**SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT**


On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of CAFFENERO AMERICAS, INC, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of CAFFENERO AMERICAS, INC, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

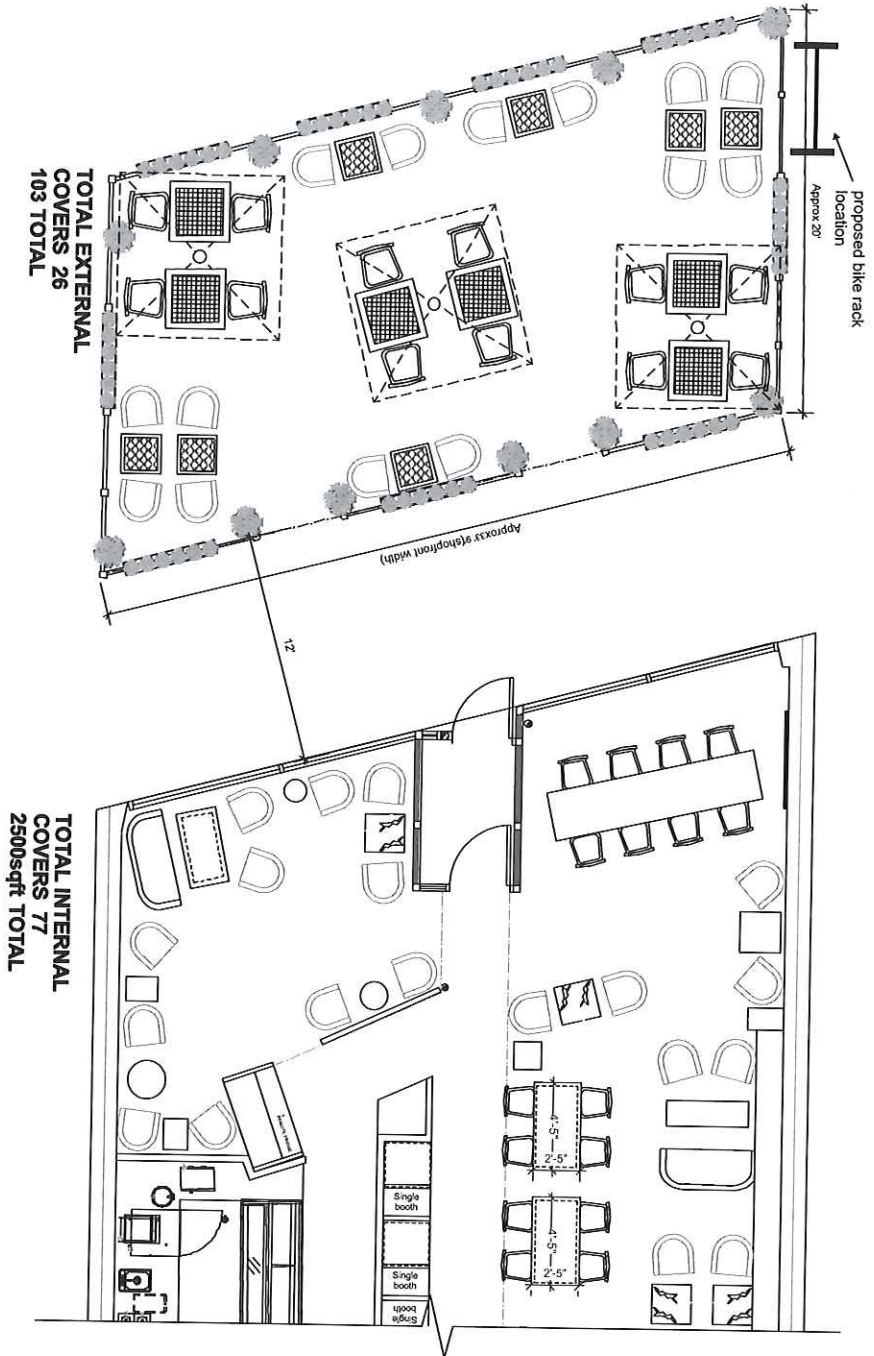
I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

  
Signature

NOVEMBER 21, 2017  
Date

# patio layout



Project	311-321 Broadway, Arlington
Proposed	Proposed Patio Layout
Client	CHADWICK 2
Date	08/24/18
Drawn by	RH
Scale	1/8" = 1'-0"
Sheet	1/8" = 1'-0"
Notes	<p>1. All dimensions are approximate and subject to change without notice.</p> <p>2. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>3. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>4. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>5. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>6. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>7. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>8. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>9. The layout is based on the current site plan and may be subject to change based on the final site plan.</p> <p>10. The layout is based on the current site plan and may be subject to change based on the final site plan.</p>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2017

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).

<b>PRODUCER</b> Woodruff-Sawyer & Co. One Liberty Square Suite 600 Boston MA 02109		<b>CONTACT NAME:</b> <b>PHONE (A/C, No., Ext):</b> 617-658-7100 <b>FAX (A/C, No.):</b> 617-658-7198 <b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> CAFFNER-01 Caffe Nero Americas, Inc. 320 Congress Street Boston MA 02110		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Hanover Insurance Group		
		INSURER B : ACE Property & Casualty Insurance C		20699
		INSURER C : Federal Insurance Company		20281
		INSURER D :		
		INSURER E :		
		INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:** 1971640575**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RTLMAD393737861	11/6/2017	11/6/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AWN-A908819-01	4/29/2017	4/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			UMBMD393738281	11/6/2017	11/6/2018	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C C B	Property Fiduciary Liab Blanket Bus Pers Property			8243-7482 8246-8944 RTLMAD393737861	10/28/2017 10/28/2017 11/6/2017	10/28/2018 10/28/2018 11/6/2018	EPLI Fiduciary Replacement Cost 1,000,000 1,000,000 10,055,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: 311 Broadway Arlington MA 02474

**CERTIFICATE HOLDER****CANCELLATION**Triton Arlington LLC  
ACS Development Corporation  
397 Main Street  
Woburn MA 01801

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



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health  
27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

To: Board of Selectmen  
From: Kylee Sullivan, Health Compliance Officer  
Date: March 9, 2018  
RE: Café Outdoor Seating Permit Renewals

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Please accept the following as comments from the Office of the Board of Health regarding Permit Renewals for Café Outdoor Seating at Common Ground, Caffé Nero, and Twyrl:

- The Establishments must prohibit smoking in the outdoor seating areas by conspicuously posting a notice or sign which states "No Smoking" or the by using a sign with the international "No Smoking" symbol in the outdoor area.
- The owners or designated Persons in Charge are responsible for maintaining the outdoor seating areas Smoke Free.
- Any Person In Charge of a public place or workplace who fails to comply with the regulations is subject to a fine of two hundred dollars (\$200.00) for each day of the violation.
- The Establishments are responsible for maintaining the outdoor seating in a clean and sanitary manner, free from garbage and trash or other refuse that would constitute a public health nuisance. The Establishment must clean and remove improperly discarded food waste and related garbage from the outdoor seating areas on a nightly basis.
- The Establishments must empty trash receptacles used for the outdoor seating areas on a nightly basis.

**BOARD OF SELECTMEN  
RENEWAL - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 315 Broadway  
Applicant's Name: Chris Furlong  
D/B/A: Twyrl  
Telephone: 617-699-4006  
Department: Sent Interoffice Mail & E-mail Date: 3/7/18

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**MEETING DATE: 4/9/18**

**RE: SIDEWALK CAFÉ PERMIT**

Inspected by: Board of Health

Building

Planning

ADA

Comments by each Division or Department:

**The Building Department has no objections to issuing this license as long as all of the following conditions are complied with:**

All building changes need building permits.

All sign changes need approval and sign permit.

The Director of Inspectional Services has no objection to the issuance of this license pending compliance with Zoning and Building Code Regulations.

The outdoor seats must come from the interior count, they are only allowed nineteen total.

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**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**BOARD OF SELECTMEN  
RENEWAL - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 315 Broadway  
Applicant's Name: Christopher Furlong  
D/B/A: Twyrl  
Telephone: 617-699-4006  
Department: Sent Interoffice Mail & E-mail

Date: 3-7-18

---

**MEETING DATE: 4/19/18**

Departments:

**Re: Sidewalk Café Permit**

Police

Fire

Board of Health

Building

Planning – Ali Carter, Economic Development Coordinator

Comments by each Division or Department:

The proposed outdoor seating for this business will include eight tables and provide an acceptable eight-foot travel corridor on the sidewalk. The applicant removed a granite planter from Broadway Plaza at their own expense to create more space to accommodate their outdoor patio seating.

The Department of Planning and Community Development has no objection to the issuance of a sidewalk café permit to the Applicant.

Any changes in signage, including signs in the window, and changes to the facade of the building are subject to review by this department. The applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

---

Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

# COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431

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MEMO TO: Board of Selectmen  
Adam Chapdelaine

FROM: Jack Jones, ADA Coordinator

DATE: April 2, 2018

RE: Sidewalk Café Permit

It appears from the attached diagram and a completed survey of the outdoor dining location proposed by **Twyrl, 315 Broadway** that all conditions pertaining to accessibility of sidewalk dining are in compliance with federal and state regulations.

In order to be in compliance with regards to outside dining the absolute minimum clear accessible path of travel along the sidewalk must be at least 36" excluding curb stones. The Arlington Commission on Disability however would prefer that the accessible path of travel be at least 48", but the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines require a minimum accessible path of 36". The proposed accessible path of travel at 315 Broadway will as proposed be 5'. Possible obstructions on the sidewalk that could affect compliance that will need to be watched are tables, chairs, other furniture, planters, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

## Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

**(PLEASE TYPE OR PRINT)**

Business Name:

TWYRL

Business Address/Location:

315 Broadway, Arlington

Phone Number/Email:

617-699-4006

Business Representative's Name:

Chris Furlong

Name & Address of Building Owner:

31 Franklin Rd. Winchester MA 01890

Length of Storefront (ft):

13'

Width of Sidewalk along Storefront (ft); \*1:

8'

Length of Proposed Sidewalk Café (ft):

17'

Width of Proposed Sidewalk Café (ft); \*2:

17'

\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

\*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.

Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
  - No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
    - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:

- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
  - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
  - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
  - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
  - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
  - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
  - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
  - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or

and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1<sup>st</sup> through December 31st and is non-transferable.

**I have read and fully understand the above rules and regulations applying to the approval of this permit.**

Dated 3/5, 2018 By: Chris Furlong  
(Signature)

(Print Name & Address) Chris Furlong 31 Franklin Rd. Winchester MA  
01890

#### **NOTE:**

**No sales or consumption of any alcoholic beverages can be allowed by the license holder in the patio area unless and until the changes to their location are approved by both the LLA, the ABCC and a new amended license (with the approved changes added to the description of premises) is issued.**

Go to: [www.mass.gov/abcc](http://www.mass.gov/abcc) website for the ABCC application - Alteration of Premises and return with this application.

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

**SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT**

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of TWYRL, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of TWYRL, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

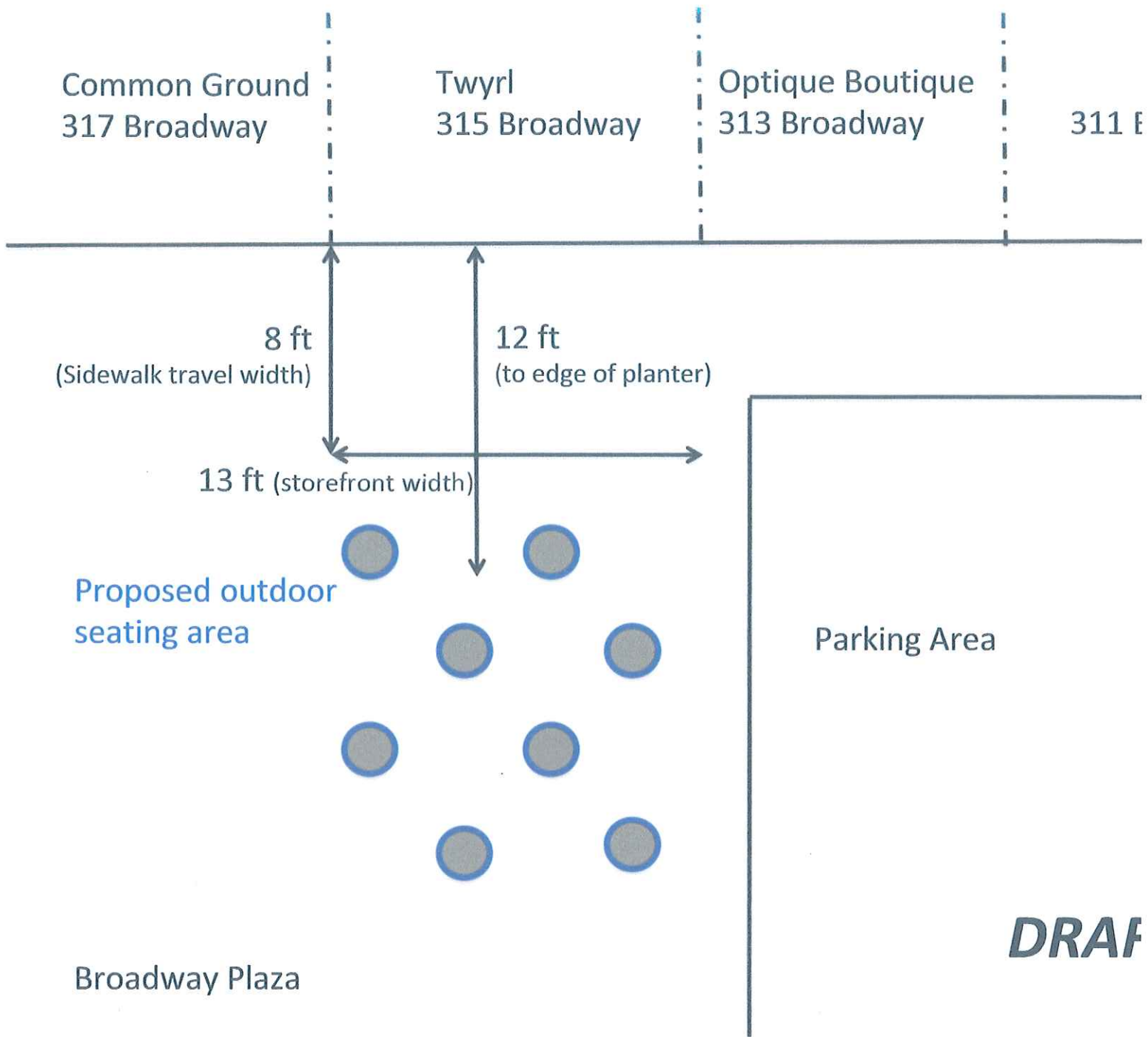
I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

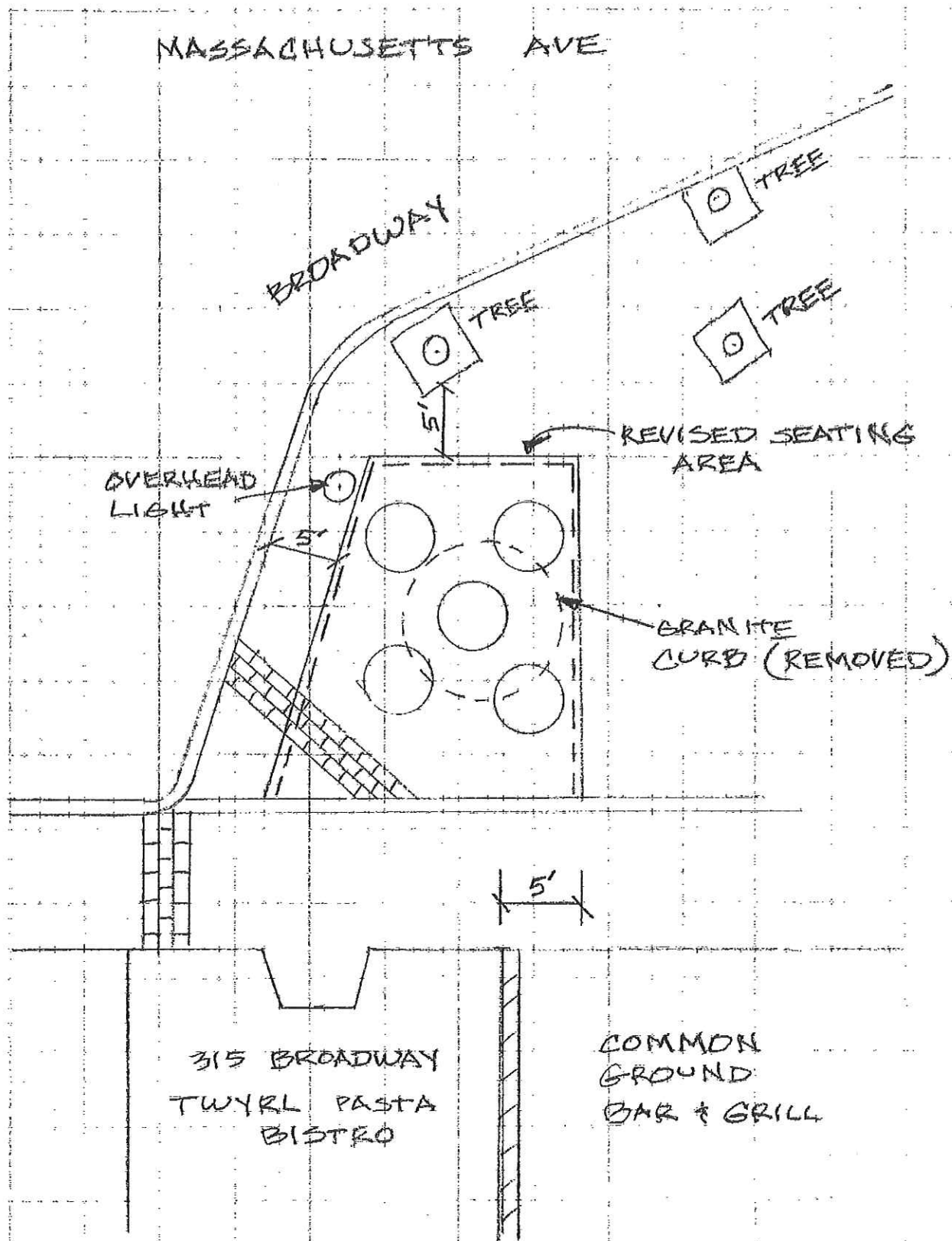
Signature

Date

3-5-18



**DRAFT**



DRAWN BY:

RT FURLONG, PE ASCE  
VA PE 0402011812

SCALE

1" = 10'

MASSACHUSETTS AVE

BROADWAY

0 TREE

0 TREE

0 TREE

OVERHEAD  
LIGHT

12" WIDE X 10" HIGH  
GRANITE CURB  
REMOVE & REPLACE  
W/ BRICK PAVERS  
TO MATCH

315 BROADWAY  
TWYRL PASTA  
BISTRO

COMMON  
GROUND  
BAR & GRILL

DRAWN BY:

RT FURLONG, PE ASCE  
VA PE 0402011812

SCALE  
1" = 10'



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2017

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 License # 1780862 <b>HUB International New England</b> 299 Ballardvale Street Wilmington, MA 01887		CONTACT NAME: <b>Josephine Spada</b> PHONE (A/C, No, Ext): <b>(978) 661-6851</b> E-MAIL ADDRESS: <b>jo.spada@hubinternational.com</b> FAX (A/C, No):	
INSURED  <b>Shockwave LLC</b> <b>31 Franklin Road</b> <b>Winchester, MA 01890</b>		INSURER(S) AFFORDING COVERAGE	
		INSURER A : <b>Central Mutual Insurance Company</b>	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		NAIC # <b>20230</b>	

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		X		CLP9794752	06/26/2017	06/26/2018	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
	<input type="checkbox"/>								MED EXP (Any one person)	\$ 10,000			
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE						\$ 2,000,000				
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC			PRODUCTS - COMPI/OP AGG	\$ 1,000,000				
<input checked="" type="checkbox"/>	OTHER: Liquor Liability								1,000,000	\$ 1,000,000			
AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$			
<input type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY		<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per person)	\$			
<input type="checkbox"/>	HIRED AUTOS ONLY		<input type="checkbox"/>	NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$			
<input type="checkbox"/>			<input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$			
<input type="checkbox"/>			<input type="checkbox"/>							\$			
		UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	\$		
		EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$		
		DED	<input type="checkbox"/>	RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									<input type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTH-ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				<input type="checkbox"/>	Y/N	N/A					E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below												E.L. DISEASE - EA EMPLOYEE	\$
												E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Regarding outdoor seating**

Town of Arlington is an additional insured on the general liability and liquor liability policies as respects to operations of the named insured when required by executed contract prior to the loss/claim.

**CERTIFICATE HOLDER**

**Town of Arlington**  
869 Mass. Ave  
Arlington, MA 02476

## CANCELLATION

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**

Joe J. Mitty



## Town of Arlington, Massachusetts

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**Request: Sidewalk Cafe and Alteration of Premise**

**Summary:**

Acitron, 473 Massachusetts Avenue, Prakash Hule

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	20180405152026169.pdf	Acitron Application and Reports

## LICENSE APPLICATION REPORT

Type of License: Alteration of Premise – All Alcohol License / Outdoor Seating

Name of Applicant: Prakash Hule d/b/a Acitron Cocina Mexican

Address: 473 Massachusetts Avenue

The following Departments have **no objections** to the issuance of said license:

- Police   X
- Fire   X
- BOH
- Building
- Planning
- ADA

The following Departments have **no objections** but have made comments or conditions regarding the issuance of said license: (see attached)

- Police
- Fire
- BOH
- Building   X
- Planning   X
- ADA   X

The following Departments have **objections** to the issuance of said license: (see attached)

- Police
- Fire
- BOH   X
- Building
- Planning
- ADA

**From:** "Ed DeFrancisco" <EDeFrancisco@town.arlington.ma.us>  
**To:** "Ashley Maher" <AMaher@town.arlington.ma.us>  
**Date:** 03/27/2018 10:10 AM  
**Subject:** Re: Inspection Report - Acitron / Alteration of Premise and Sidewalk Cafe

---

Hi Ashley, since it's the same owner they are all set on our end.

Thanks  
Ted

*Inspector DeFrancisco*  
*Criminal Investigations Bureau*  
*Arlington PD*  
*781-316-3948*

---

**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: [Signature]

Date: 04-05-2018

**From:** "Kevin Kelley" <KKelley@town.arlington.ma.us>  
**To:** "Ashley Maher" <AMaher@town.arlington.ma.us>  
**Date:** 03/29/2018 01:39 PM  
**Subject:** Re: Inspection Report - Acitron / Alteration of Premise and Sidewalk Cafe

---

On this matter I defer to the building department  
Deputy Chief Kevin M Kelley  
Arlington Fire Department  
781-316-3803

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**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: [Signature]

Date: 04-05-2018



Town of Arlington  
Department of Health and Human Services  
Office of the Board of Health

27 Maple Street  
Arlington, MA 02476

Tel: (781) 316-3170  
Fax: (781) 316-3175

**MEMO**

TO: Board of Selectmen  
FROM: Kylee Sullivan, Health Compliance Officer  
DATE: April 4, 2018  
RE: Alteration of Premise- Acitron Cocina Mexicana

---

The Health Department has concerns regarding rodent activity in the proposed sidewalk café location. During a visual inspection of the premise on April 4, 2018, I observed rodent burrowing in the proposed location and poorly maintained dumpsters and a grease receptacle at the opening of the location. The construction of this sidewalk café has the potential to increase rodent attraction to the area due to increased food sources.

Additionally, there are two exterior ventilation units and a condenser unit attached to the side of Acitron, and a condenser unit attached to the side of Fitness First, which will hang over proposed table locations. These units pose hazards as dirty water, grease, and other substances may contaminate patrons' foods who are seated below them.

As a result, the Health Department requests the following:

- The Establishment must hire a licensed pest control operator to assess and treat the area using an Integrated Pest Management (IPM) Plan. The plan must include exterior pest control services before and during the building process. Ongoing bi-weekly exterior services must be provided during the time period in which the outdoor seating area is used. A copy of this IPM plan must be submitted to the Health Department for approval.
  - Although the dumpster and grease receptacle at the opening of the proposed location may not belong to Acitron, an enclosure must be constructed around these facilities.
  - The Establishment is responsible for maintaining the sidewalk cafe in a clean and sanitary manner, free from garbage, trash, or other refuse that would constitute a public health nuisance. The Establishment must clean and remove improperly discarded food waste and garbage from the area on a nightly basis. The Establishment must also empty trash receptacles used for the area on a nightly basis.
  - The Establishment must take necessary steps to prevent the contamination of food from the exterior ventilation and condenser units in the proposed location.
  - The Establishment must prohibit smoking in the outdoor seating area by conspicuously posting a notice or sign which states "No Smoking" or by using a sign with the international "No Smoking" symbol in the outdoor area.
  - The owner or designated Person in Charge is responsible for maintaining the outdoor seating areas Smoke Free.
  - Any Person in Charge of a public place or workplace who fails to comply with the smoking regulations is subject to a fine of two hundred dollars (\$200.00) for each day of the violation.
- 

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: Prakash Goto Huce

Date: 04-05-2018

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

**REPORT IS REQUIRED FROM EACH DEPARTMENT BY 4/3/18**

Location: 473 Massachusetts Avenue  
Applicant's Name: Prakash Hule  
D/B/A: Acitron Cocina Mexicana  
Telephone: 781-777-2839  
Department: Sent Interoffice Mail & E-mail Date: 3/20/18

**MEETING DATE: 4/9/18**

**RE: ALTERATION OF PREMISE – ALL ALCOHOL & OUTDOOR SEATING PERMIT**

Inspected by: Board of Health

Building

Planning

ADA

Fire

Police

Comments by each Division or Department:

**The Building Department has no objections to issuing this license as long as all of the following conditions are complied with:**

All building changes need building permits.

All sign changes need approval and sign permit.

The Director of Inspectional Services has no objection to the issuance of this license pending compliance with Zoning and Building Code Regulations.

**Applicant Section:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: [Signature]

Date: 04-05-2018

**BOARD OF SELECTMEN  
TOWN OF ARLINGTON - INSPECTION REPORT**

Report is due at the Office of the Board of Selectmen by, **4/3/18**  
**ONE REPORT IS REQUIRED FROM EACH DEPARTMENT.**

Location: 473 Massachusetts Avenue  
Applicant's Name: Prakash Hule  
D/B/A: Acitron Cocina Mexicana  
Telephone: 781-777-2839  
Department: Sent Interoffice Mail & E-mail Date: 3/20/18

---

**MEETING DATE: 4/9/18**

Inspected By:

**RE: ALTERATION OF PREMISES- ALL ALCOHOL LICENSE**

Police

Fire

Board of Health

Building

Planning---Ali Carter, Economic Development Coordinator

**INSPECTION REPORT SECTION:**

The application is for an alteration of the premises to accommodate an additional 15 tables and 30 seats on an outdoor patio in an unused alleyway on the eastern side of the business. The business is located in a B3 Village Business zoning district, and the addition of an outdoor patio is appropriate for this location.

The Department has no objection to the alteration of premises for this business.

Any changes in signage, including signs in the window, and changes to the façade of the building may be subject to review by this Department. The Applicant is reminded that all signs, including re-lettering of the existing signs require a permit issued by the Building Department. Other provisions of the Zoning Bylaw may apply as determined by the Building Inspector.

---

**APPLICANT SIGNATURE SECTION:**

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Signature: 

Date: 04-05-2018

# COMMISSION ON DISABILITY, TOWN OF ARLINGTON

20 ACADEMY STREET, SUITE 203, ARLINGTON, MASSACHUSETTS 02476-6436 (781) 316-3431



MEMO TO: Board of Selectmen  
Adam Chapdelaine, Town Manager

FROM: Jack Jones, ADA Coordinator

DATE: April 2, 2018

RE: Sidewalk Cafe' Permit

It appears from the attached diagram and a completed survey of the outdoor dining location proposed by **Acitron Cocina Mexicana, 473 Mass. Ave.** that all conditions pertaining to accessibility of outside dining at this location will be in compliance with federal and state regulations.

In order to be in compliance with regards to outside dining the absolute minimum clear accessible path of travel must be at least 36". The Arlington Commission on Disability however would prefer that the accessible path of travel be at least 48", but the Massachusetts Architectural Access Board and the Americans with Disabilities Act Architectural Guidelines require a minimum accessible path of 36". Possible obstructions on the accessible path of travel that could affect compliance that will need to be watched are tables, chairs, other furniture planters, etc. In addition a portion (5%), but not less than one, of available seating must be wheelchair accessible. The Disability Commission recommends to the Board of Selectmen that a compliance monitoring process be developed in addition to employee training for all restaurant employees to ensure that accessibility is maintained after the permitting process.

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## Applicant Section:

I have received the above report and acknowledge said inspection. I fully understand that no work is to commence at the premises of the proposed location of which is the subject matter of this inspection report until the license is approved by the Board of Selectmen; furthermore, any work done is done at the applicant's risk.

Applicant's Name: \_\_\_\_\_

Date: 04-05-2018



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**AMENDEMENT APPLICATION FOR AN ALTERATION OF PREMISES OR CHANGE OF LOCATION**

*Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.*

**1. NAME OF LICENSEE** (Business Contact)

Deepna Inc

**ABCC** License Number

003000056

City/Town of Licensee

Arlington

**2. APPLICATION CONTACT**

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name: Prakash

Middle: Ashok

Last Name: Hule

Title: Owner

Primary Phone:

781 777 2839

Email: bostongotu@gmail.com

**3. BUSINESS CONTACT**

**Please complete this section ONLY if there are changes to the Licensee phone number, business address (corporate headquarters), or mailing address.**

Entity Name: N/A

Primary Phone:

N/A

Fax Number:

N/A

Alternative Phone:

N/A

Email:

N/A

**Business Address (Corporate Headquarters)**

Street Number:

473

Street Name:

Massachusetts Ave

City/Town:

Arlington

State:

MA

Zip Code:

02474

Country:

USA

**Mailing Address**

☒ Check here if your Mailing Address is the same as your Business Address

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

## AMENDMENT APPLICATION FOR AN ALTERATION OF PREMISES OR CHANGE OF LOCATION

### 6. PREMISES INFORMATION

Please enter the address where the alcoholic beverages are sold.

#### Premises Address

Street Number:	473	Street Name:	Massachusetts Ave	Unit:	
City/Town:	Arlington	State:	MA	Zip Code:	02474
Country:	USA				

#### Description of Premises

Please provide a complete description of the premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage.

Floor Number	Square Footage	Number of Rooms
1	800	1

Patio/Deck/Outdoor Area Total Square Footage	800
Indoor Area Total Square Footage	
Number of Entrances	2
Number of Exits	2
Proposed Seating Capacity	30
Proposed Occupancy	30

#### Occupancy of Premises

Please complete all fields in this section. Documentation showing proof of legal occupancy of the premises is required.

Please indicate by what right the applicant has to occupy the premises	Lease	Landlord Name	Collins Management
Lease Beginning Term	July 28th 2017	Landlord Phone	781 729 0707
Lease Ending Term	July 31st 2027	Landlord Address	10 Converse PLace #3 Winchester, MA 01890
Rent per Month	6631.00		
Rent per Year	79572.00		

If leasing or renting the premises, a signed copy of the lease is required.

Please indicate if the terms of the lease include payments based on the sale of alcohol: ☐ Yes ☒ No

# **AMENDEMENT APPLICATION FOR AN ALTERATION OF PREMISES OR CHANGE OF LOCATION**

## **9. FINANCIAL INFORMATION**

Please provide information about associated costs of this license.

### **Associated Costs**

A. Purchase Price for Building/Land	
B. Purchase Price for any Business Assets	
C. Costs of Renovations/Construction	10000.00
D. Purchase Price of Inventory	2000.00
E. Initial Start-Up Costs	
F. Other (Please specify)	
G. Total Cost (Add lines A-F)	12000.00

Please note, the total amount of **Cash Investment** (top right table) plus the total amount of **Financing** (bottom right table) must be equal to or greater than the **Total Cost** (line G above).

You are required to provide all documents relating to financing and/or loans you receive for this transaction

Please provide information about the sources of cash and/or financing for this transaction

### **Source of Cash Investment**

Name of Contributor	Amount of Contribution
Prakash A Hule	12000.00
Total:	12000.00

### **Source of Financing**

Name of Lender	Amount	Does the lender hold an interest in any MA alcoholic beverages licenses?	If yes, please provide ABCC license number of lender
Prakash A Hule	12000.00	Yes	003000056
Total:			12000.00

**ADDITIONAL SPACE**

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

### APPLICANT'S STATEMENT

I, Prakash A Hule the: ☐ sole proprietor; ☐ partner; ☒ corporate principal; ☐ LLC/LLP member  
Authorized Signatory

of Deepna Inc, hereby submit this application for Alteration of Premises  
Name of the Entity/Corporation Transaction(s) you are applying for

(hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature: [Handwritten Signature]

Date: 03/12/2018

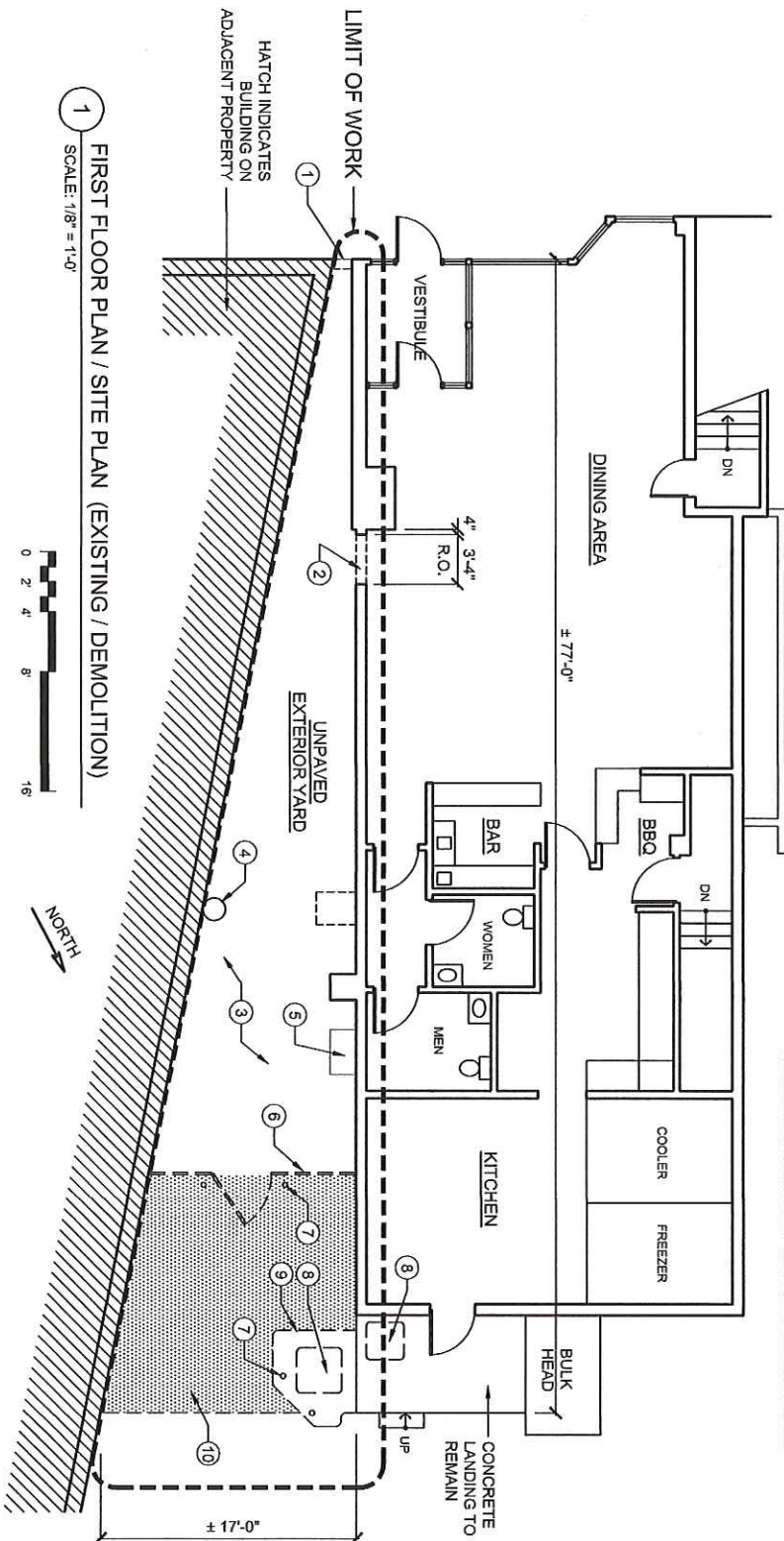
Title: President/Owner

**DEMOLITION KEYED NOTES:**

- ① EXISTING 16" WIDE x 6'-3" HIGH BRICK WALL AT MASSACHUSETTS AVENUE TO BE SAW CUT AND REMOVED. PATCH EXISTING ADJACENT WALLS AS REQUIRED.
- ② CUT OPENING IN EXISTING WOOD STUD EXTERIOR BEARING WALL & FRAME NEW OPENING. PROVIDE (3) 2x12 WOOD HEADER. PROVIDE SHORING/ BRACING AS REQUIRED.
- ③ SOIL, VEGETATION, AND DEBRIS TO BE REMOVED AS REQUIRED FOR NEW CONSTRUCTION, TYP.
- ④ REMOVE 18" CALIPER TREE STUMP.
- ⑤ INFILL SUMP AREA AT INACTIVE BASEMENT LOUVERS. PROVIDE WATERPROOFING AND INSULATION AT EXISTING EXTERIOR WALL.
- ⑥ REMOVE EXISTING WOOD FENCE.
- ⑦ REMOVE EXISTING STEEL BOLLARD, TYPICAL.
- ⑧ REMOVE EXISTING CONDENSER UNIT AND SALVAGE FOR REINSTALLATION.
- ⑨ REMOVE EXISTING CONCRETE PAD.
- ⑩ SHADED AREA INDICATES EXISTING ASPHALT PAVING TO BE REMOVED.

**GENERAL NOTES:**

ALL CONSTRUCTION WORK SHALL BE DONE IN ACCORDANCE WITH THE MASSACHUSETTS STATE BUILDING CODE NINTH EDITION AND ALL OTHER APPLICABLE LAWS AND REGULATIONS. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS, AND NOTIFY THE OWNER AND/OR ARCHITECT OF DISCOVERED UNKNOWN CONDITIONS PRIOR TO CONSTRUCTION.



1 FIRST FLOOR PLAN / SITE PLAN (EXISTING / DEMOLITION)  
SCALE: 1/8" = 1'-0"



**LAURENCE  
MALSKY  
ARCHITECT**

26 DRAPER AVENUE  
508-451-4581  
MALSKYARCHITECT@HOTMAIL.COM

**NEW EXTERIOR PATIO**  
**ACITRÓN**  
473 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS



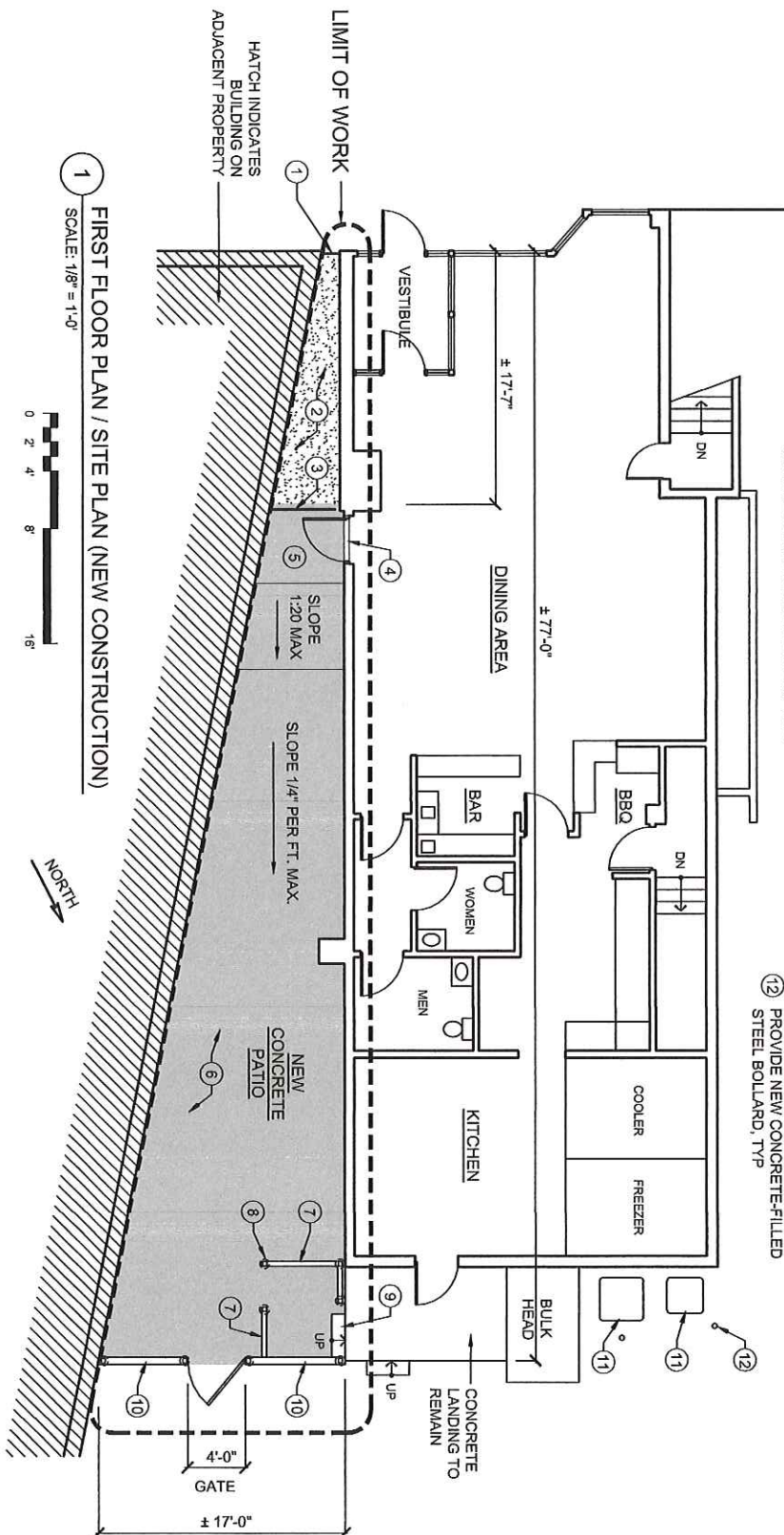
ISSUED FOR PERMIT  
MARCH 9, 2018

EXISTING/ DEMO  
FLOOR PLAN

**A-1**

**KEYED NOTES:**

- ① INSTALL A NEW PAINTED METAL GRILL, APPROXIMATELY 16" WIDE X 6-5" HIGH, MADE FROM 1/2" WELDED STEEL BAR STOCK, EPOXY-GROUTED TO ADJACENT MASONRY.
- ② NEW PLANTING AREA.  
PROVIDE MULCH & LOAM.
- ③ INSTALL A NEW METAL RAILING, 3'-6" HIGH X 4'-6" LONG, ANCHORED TO CONCRETE SLAB ON GRADE
- ④ INSTALL A NEW 3'-0" X 7'-0" FULL-GLAZED INSULATED ALUMINUM DOOR WITH ALUMINUM STOREFRONT FRAME, CLOSER, ACCESSIBLE THRESHOLD, HEAD FLASHING AND PERIMETER SEALANT. KAWNEER 451T SYSTEM OR APPROVED EQUAL. PATCH EXISTING ADJACENT FINISHES.
- ⑤ AT THE NEW DOOR, ALIGN THE TOP OF THE EXTERIOR PAVING WITH THE EXISTING FIRST FLOOR ELEVATION.
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- ⑦ INSTALL NEW 6'-0" HIGH "BOARD ON BOARD" CEDAR FENCE WITH CAP.
- ⑧ FENCE POSTS SHALL BE SET IN CONCRETE, 12" Ø, 3'-0" MINIMUM BELOW GRADE, TYPICAL
- ⑨ PROVIDE A NEW CAST-IN-PLACE CONCRETE STEP.
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**LAURENCE  
MALSKY  
ARCHITECT**

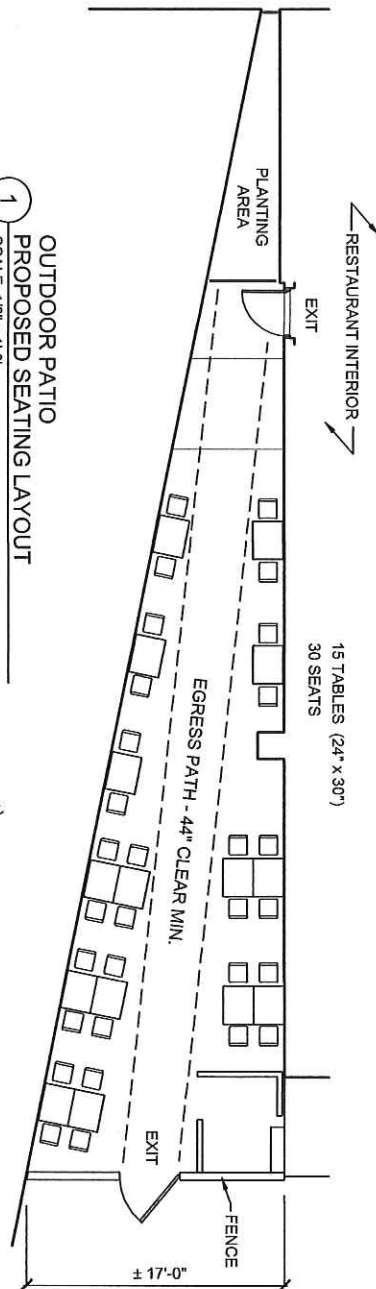
26 DRAPER AVENUE  
MANFIELD, MA 02048  
508-663-6881  
MALSKYARCHITECT@HOTMAIL.COM



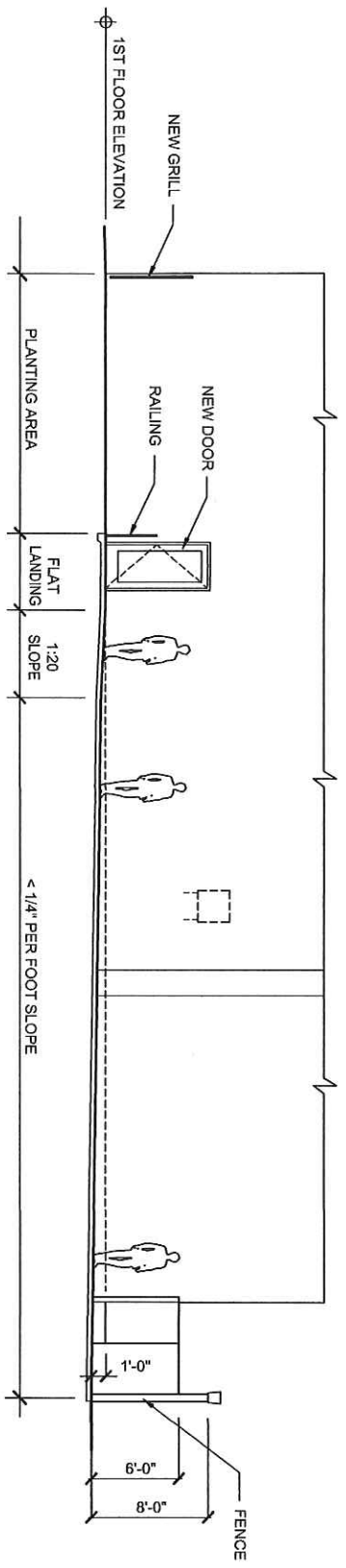
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**1ST FLOOR PLAN/  
SITE PLAN**

**A-2**



1  
OUTDOOR PATIO  
PROPOSED SEATING LAYOUT  
SCALE: 1/8" = 1'-0"



2  
SITE SECTION (NEW CONSTRUCTION)  
SCALE: 1/8" = 1'-0"



**LAURENCE  
MALSKY  
ARCHITECT**  
23 DRAPER AVENUE  
MALDEN, MA 02148  
MALSKYARCHITECT@HOTMAIL.COM

**NEW EXTERIOR PATIO**  
**ACITRÓN**  
473 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS



ISSUED FOR PERMIT  
MARCH 9, 2018

SEATING LAYOUT/  
SITE SECTION

**A-3**

\$50.00  
check  
#1933

## Sidewalk Café Permit Application - Town of Arlington, MA

This is an application to the Board of Selectmen of the Town of Arlington Massachusetts, for a permit to place and maintain a Sidewalk Café (an outside seating area for licensed restaurants) on the public right of way in Arlington, Massachusetts described below:

### (PLEASE TYPE OR PRINT)

Business Name:

ACITRON

Length of Storefront (ft):

Business Address/Location:

473 MASS AVE, ARLINGTON, MA 02474

Width of Sidewalk along Storefront (ft); \*1:

Phone Number/Email:

781 777 2839 / ACITRONRESTAURANT@GMAIL.COM

Length of Proposed Sidewalk Café (ft):

Business Representative's Name:

GOTU HOLE

Width of Proposed Sidewalk Café (ft); \*2:

Name & Address of Building Owner:

COLLINS MANAGEMENT 10 CONVERSE PL #3 WINCHESTER, MA 01890

\*1: Measure from front Building Wall to inside of sidewalk granite curb edge.

\*2: Measure from front Building Wall to outside of Sidewalk Café surrounding border fencing/barrier.

### Application Submittal Requirements:

- 1.) Fee: An annual permit fee of **\$50.00** payable to the Town of Arlington filed with the Selectmen's Office. The Board may prorate its fee for applicants in their initial term to reflect the number of months the permit sought will be held.
- 2.) Site Plan: Furnish a **Site Plan** (scale diagram) showing the location of tables, chairs, umbrellas, trash receptacles, heaters, barricades, as well as a **picture or photograph of the proposed furniture** in compliance with the following requirements:
- No person or entity shall cause to be placed within the public ways any furniture without applying for a permit and receiving approval from the Board of Selectmen of the Town. This permit shall be considered separate and distinct from others issued by the Town, including those for common victuallers.
  - Ordinarily, the location of the sidewalk café must be directly in front of the business operating the café, and may not extend beyond the side property lines. It shall be sited as close to the building façade as practicable and in no event to exceed twelve (12) feet from the food service door of the establishment.
    - Under limited circumstances, sidewalk café areas may be approved adjacent to a storefront, grouped at a distance from the storefronts, or allowed in both positions if a scaled plan showing dimensions clearly establishes:

- a) The requested location(s) create the least obstruction for pedestrian access to storefronts, crosswalks and pedestrian circulation, and/or
  - b) the location does not extend substantially beyond the side edges of the business (allowing for up to 10 feet of latitude where landscaping, public facilities, utility poles or adjacent seating areas obstruct the front of the business premises), and/or
  - c) no more than 256 square feet of the public way would be cordoned off for establishments serving liquor unless the Board determines from the scaled site plan (with dimensions shown) and photos that additional square footage for outdoor seating would not leave less than 36" to the nearest barrier, would not impede circulation, and would not preclude other allowed desirable uses for the public space, and
  - d) in every case, the additional seating does not violate zoning, building, or other code as determined by the Director of Inspectional Services.
- Further, Tables, chairs, benches, food equipment shall be located so that they do not impede, endanger or interfere with pedestrian traffic, with a minimum width of three (3) feet and a recommended width of four (4) feet of unobstructed passage for pedestrian traffic.
  - In addition, no sidewalk café furniture shall be affixed, erected, installed, placed, used or maintained **within five (5) feet** of any marked or unmarked crosswalk or handicapped ramp; or within five (5) feet of any fire hydrant, fire lane, call box, or bus stop.
  - Unlicensed furniture within the public ways of the Town will be subject to removal with the cost thereof to be borne entirely by the owner. In addition, fines may be imposed by the Board of Selectmen not to exceed \$100 for removal, storage or destruction.
  - No fixtures or devices on which food or beverages are sold or consumed shall be attached to the sidewalk or other public area. The property owner is responsible for the restoration of the sidewalk or public-right-of-way if any damage is caused by the sidewalk café. Physical barriers bordering/framing a sidewalk café may not exceed four (4) feet in height.
  - Lighting for sidewalk cafes is subject to approval during the permitting process. Tabletop lighting may include candles and battery-operated fixtures.
  - Well-designed physical barricades surrounding/framing sidewalk cafés are **strongly encouraged**.

3.) Insurance: The applicant restaurant-owner shall furnish a **certificate of insurance** providing commercial insurance coverage for bodily injury, death, disability, and property damage liability in the following amounts:

- **At least \$1,000,000 per occurrence and \$3,000,000 annual aggregate for any restaurant serving alcohol as part of its use of sidewalk café space; or**

- **At least \$300,000 per occurrence and \$900,000 annual aggregate for restaurants which are either not licensed to serve alcohol or restaurants which attest that they will not serve alcohol as part of their use of sidewalk café space.**

The Town of Arlington shall be named as an additional insured on a primary, noncontributory basis for any liability arising directly or indirectly from the operation of a sidewalk café. In the event the insurance is cancelled, the permit holder has 24 hours to reinstate the insurance or the permit shall be revoked. The permit holder shall immediately inform the Selectmen's Office if insurance under this provision is revoked and shall not operate the sidewalk café until insurance is restated in accordance with this requirement. An insurance certificate naming the Town as an additional insured must be provided to the Office of the Board of Selectmen before any Sidewalk Café/Outdoor Seating Area will be issued.

4.) Indemnification and Acknowledgement of Rights: The applicant restaurant-owner shall also furnish a signed agreement to indemnify the Town of Arlington for its use of public property as a sidewalk café/outdoor seating from any and all claims that may be brought against the Town in connection with such use. Such a signed agreement shall also acknowledge the Town's rights with respect to its property and the limitations of the permit (attached hereto).

5.) Compliance Requirements: By signing this application, the Applicant agrees to accept and comply with the following requirements:

- All services provided to sidewalk café customer and customer activity must occur within the designated sidewalk café area.
- Permit holder is responsible for proper supervision of the sidewalk café in order to ensure the requirements of this section are met.
- Permit holders must ensure that the requirements for operation are met. These include:
  - Patrons must wear shoes and shirts at all times.
  - All sidewalk cafes must maintain at least one opening for ingress and egress at all times. All sidewalk cafes shall abide by all requirements of the currently adopted International Building Code and the American's with Disabilities Act within and around the exterior of the sidewalk café.
  - To the extent applicable, sidewalk cafes must adhere to all regulations pertaining to food and beverage enforced by the Board of Health and Board of Selectmen.
  - All areas within and surrounding a sidewalk café must be maintained in a clean, neat, and sanitary condition.
  - All permit holders shall be required to abide by all federal, state, and local laws.
  - Outdoor alcohol service (and food service when alcohol is served outdoors) shall conclude at or before 10:00 p.m. Sunday through Thursday, and at or before 11:00 p.m. Friday and Saturday.

6.) Other Regulations: By receiving a sidewalk café/outdoor seating permit, restaurants are not exempted from other federal, state, and local laws and regulations. Among other regulations, permit holders must comply with local zoning

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON

**SIDEWALK CAFÉ INDEMNIFICATION AGREEMENT & ACKNOWLEDGEMENT**

On behalf of the business applying for a Sidewalk Café (Outdoor Seating) license from the Town of Arlington Board of Selectmen, I, as a duly authorized agent of ACITRON, a licensed restaurant operating within the Town of Arlington, acknowledge that I seek permission to use a portion of the public sidewalk in front of (or where permitted, adjacent to) the business premises to operate a sidewalk café/outdoor seating area. I understand that a Sidewalk Café permit does not give my business any right, title, or interest in any part of the sidewalk space approved for use.

Furthermore, I, as a duly authorized agent of ACITRON, agree to hold harmless the Town of Arlington, its officers and employees, for any loss or damage arising from the use of the public sidewalk or the discontinuance of use resulting from an order, demand, or notice of any governmental agency with jurisdiction.

I understand that Board of Selectmen and/or any government agency with jurisdiction may revoke my permit to use public sidewalk space at any time for any reason whatsoever. The permit can be revoked for failure to comply with any terms and conditions of the permit or any agreements between my business and the Town of Arlington or for violation of any of the rules and regulations enforced by Board of Selectmen, the Department of Inspectional Services, the Police Department, or the Board of Health. I understand there will be no refund of any fees or compensation paid to the Town of Arlington.

I further agree to promptly remove any property placed on the sidewalk space or reimburse the Town of Arlington for the cost of moving my business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

I certify that I have read and agree with the terms and conditions outlined both here and within the Sidewalk Café Permit Application.

[Signature]  
Signature

03-09-2018  
Date

and state building code requirements and Board of Selectmen alcohol service regulations. Applicants are strongly advised to ensure their plans comply with zoning and state building requirements by contacting Inspectional Services.

7.) Revocation: The sidewalk café permit may be revoked for failure to maintain the standards required for the initial permit. A notice of intent to revoke a sidewalk café permit shall be given in writing 10-days prior to actual revocation and shall specify the area or areas of failure to meet requirements and maintain conditions the Town may have imposed. If, during that period, proof of compliance is made to the satisfaction of designated Town Inspectors by the holder of the permit, the permit shall be continued in force.

- Applicant certifies that all current property taxes due on its licensed premises are paid if property is owned by the Applicant.
- Applicant agrees to permit the Town to periodically verify the accuracy of information contained in this Application and agrees to provide information requested to verify the accuracy of the information and the Certifications contained in this Application.

8.) Term & Non-Transferability: Each Sidewalk Café Permit is valid for one calendar year from the January 1<sup>st</sup> through December 31st and is non-transferable.

**I have read and fully understand the above rules and regulations applying to the approval of this permit.**

Dated 03-09, 2018

By: [Signature]  
(Signature)

(Print Name & Address) Prakash 'GOTU' HULE, 473 MASS AVE, ARLINGTON, MA 02474

## NOTE:

**No sales or consumption of any alcoholic beverages can be allowed by the license holder in the patio area unless and until the changes to their location are approved by both the LLA, the ABCC and a new amended license (with the approved changes added to the description of premises) is issued.**

Go to: [www.mass.gov/abcc](http://www.mass.gov/abcc) website for the ABCC application - Alteration of Premises and return with this application.

# DEMOLITION KEYED NOTES:

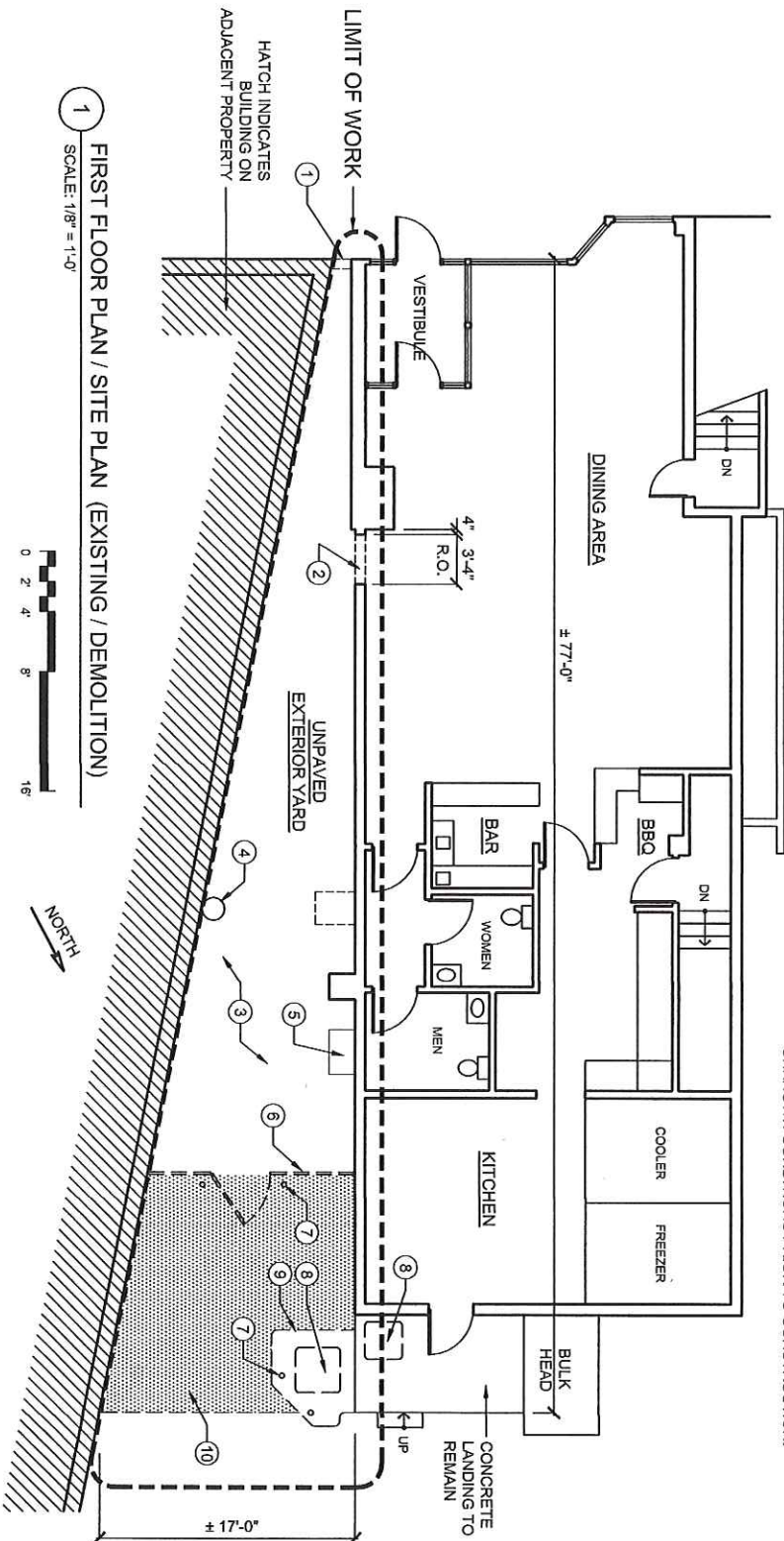
- EXISTING 16" WIDE x 6'-3" HIGH BRICK WALL AT MASSACHUSETTS AVENUE TO BE SAW CUT AND REMOVED. PATCH EXISTING ADJACENT WALLS AS REQUIRED.
- CUT OPENING IN EXISTING WOOD STUD EXTERIOR BEARING WALL & FRAME NEW OPENING. PROVIDE (3) 2x12 WOOD HEADER, PROVIDE SHORING/ BRACING AS REQUIRED.
- SOIL, VEGETATION, AND DEBRIS TO BE REMOVED AS REQUIRED FOR NEW CONSTRUCTION, TYP.

- REMOVE 18" CALIPER TREE STUMP.
- INFILL SUMP AREA AT INACTIVE BASEMENT LOUVERS. PROVIDE WATERPROOFING AND INSULATION AT EXISTING EXTERIOR WALL.
- REMOVE EXISTING WOOD FENCE.
- REMOVE EXISTING STEEL BOLLARD, TYPICAL.
- REMOVE EXISTING CONDENSER UNIT AND SALVAGE FOR REINSTALLATION.

- REMOVE EXISTING CONCRETE PAD.
- SHADED AREA INDICATES EXISTING ASPHALT PAVING TO BE REMOVED.

## GENERAL NOTES:

ALL CONSTRUCTION WORK SHALL BE DONE IN ACCORDANCE WITH THE MASSACHUSETTS STATE BUILDING CODE NINTH EDITION AND ALL OTHER APPLICABLE LAWS AND REGULATIONS. CONTRACTOR SHALL OBTAIN ALL PERMITS. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS, AND NOTIFY THE OWNER AND/OR ARCHITECT OF DISCOVERED UNKNOWN CONDITIONS PRIOR TO CONSTRUCTION.



1 FIRST FLOOR PLAN / SITE PLAN (EXISTING / DEMOLITION)

SCALE: 1/8" = 1'-0"

0 2' 4' 8' 16'

NORTH

**LAURENCE  
MALSKY  
ARCHITECT**

25 DRAPER AVENUE  
BOSTON, MA 02148  
MALSKYARCHITECT@HOTMAIL.COM

**NEW EXTERIOR PATIO**  
**ACITRÓN**  
473 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS



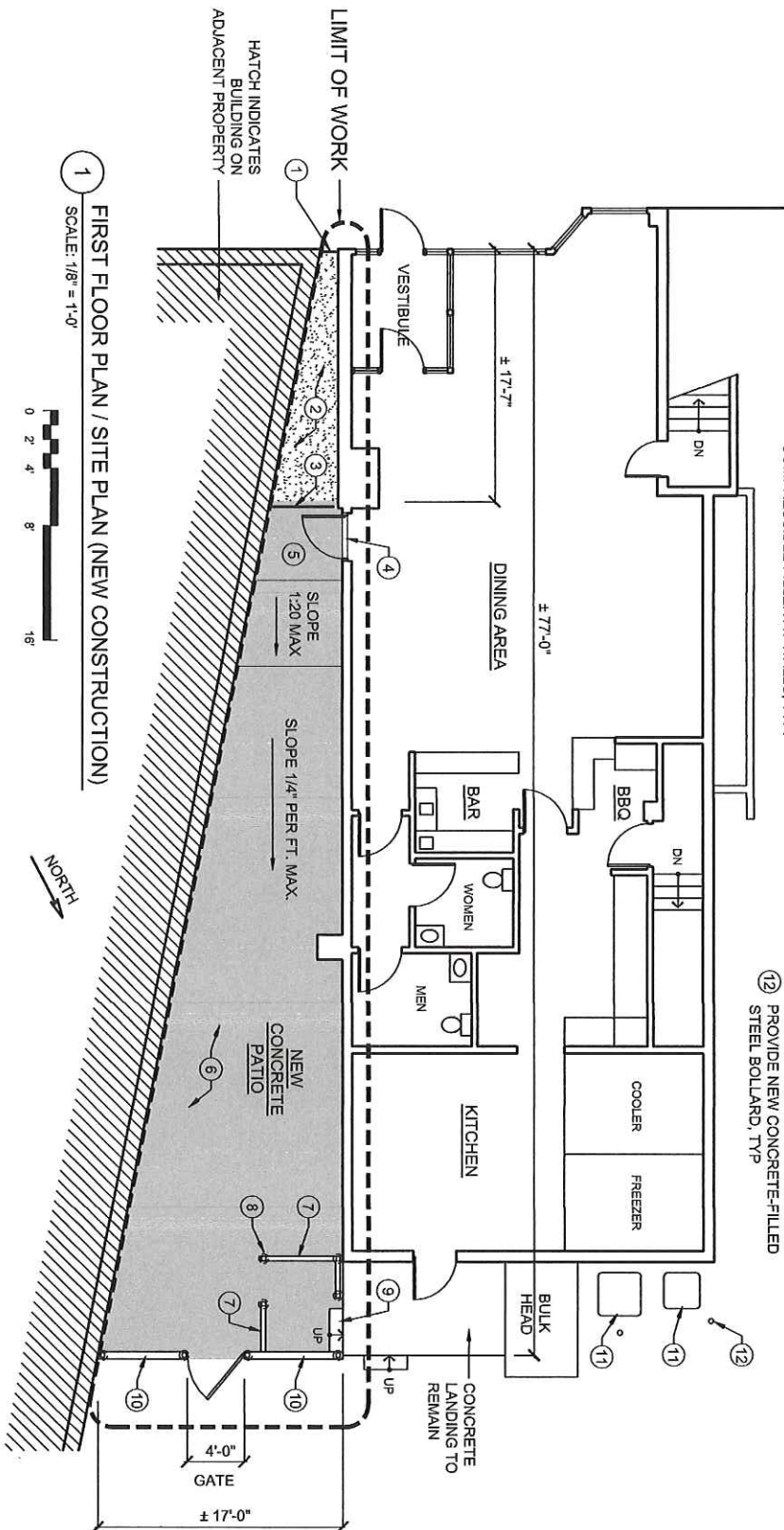
ISSUED FOR PERMIT  
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EXISTING/ DEMO  
FLOOR PLAN

**A-1**

# KEYED NOTES:

1. INSTALL A NEW PAINTED METAL GRILL, APPROXIMATELY 16" WIDE x 6'-0" HIGH, MADE FROM 1/2" WELDED STEEL BAR STOCK, EPOXY-GROUTED TO ADJACENT MASONRY.
2. NEW PLANTING AREA, PROVIDE MULCH & LOAM.
3. INSTALL A NEW METAL RAILING, 3'-6" HIGH x 4'-6" LONG, ANCHORED TO CONCRETE SLAB ON GRADE.
4. INSTALL A NEW 3'-0" x 7'-0" FULL-GLAZED INSULATED ALUMINUM DOOR WITH ALUMINUM STOREFRONT FRAME, CLOSER, ACCESSIBLE THRESHOLD, HEAD FLASHING AND PERIMETER SEALANT, KAWNEER 451T SYSTEM OR APPROVED EQUAL, PATCH EXISTING ADJACENT FINISHES.
5. AT THE NEW DOOR, ALIGN THE TOP OF THE EXTERIOR PAVING WITH THE EXISTING FIRST FLOOR ELEVATION.
6. SHADED AREA INDICATES NEW TINTED & STAMPED CONCRETE PAVING, 4" THICK MINIMUM, REINFORCED WITH WELDED WIRE FABRIC, OVER COMPACTED CRUSHED STONE BASE. NEW AND EXISTING PAVING SHALL ALIGN BELOW THE NEW FENCE GATE. PROVIDE CONT. 1/2" JOINT WITH COMPRESSIBLE FILLER AT WALLS, TYP.
7. INSTALL NEW 6'-0" HIGH "BOARD ON BOARD" CEDAR FENCE WITH CAP.
8. FENCE POSTS SHALL BE SET IN CONCRETE, 12" Ø, 3'-0" MINIMUM BELOW GRADE, TYPICAL.
9. PROVIDE A NEW CAST-IN-PLACE CONCRETE STEP.
10. INSTALL A NEW 8'-0" HIGH "BOARD ON BOARD" CEDAR FENCE WITH CAP, AND MATCHING 4'-0" GATE. PROVIDE A CONTINUOUS PLANTER ON TOP OF THE FENCE (MATCHING CEDAR WITH INTERIOR LINER), ALL EXPOSED WOOD SHALL BE STAINED AND VARNISHED.
11. RELOCATE AND REINSTALL EXISTING CONDENSER UNIT ON NEW CONCRETE PAD.
12. PROVIDE NEW CONCRETE-FILLED STEEL BOLLARD, TYP.



## NEW EXTERIOR PATIO

# ACITRÓN

473 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS

**LAURENCE  
MALSKY  
ARCHITECT**

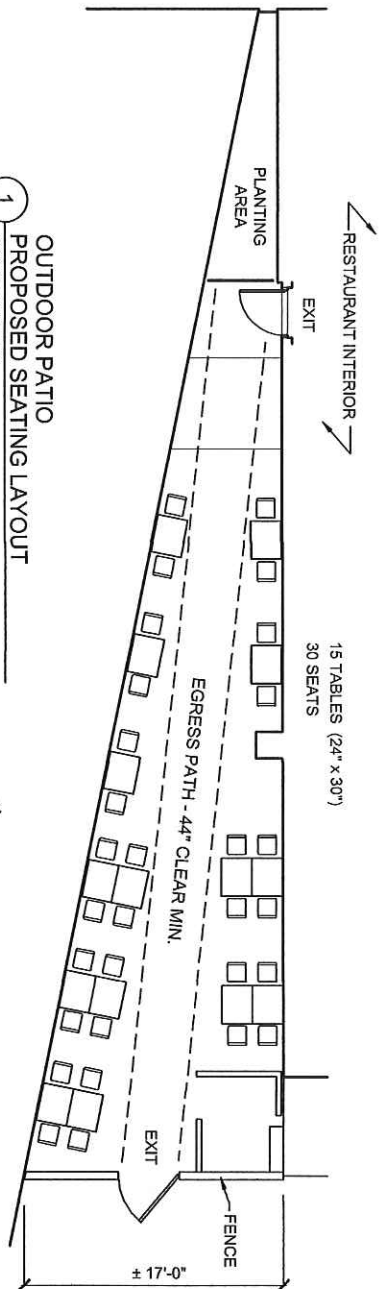
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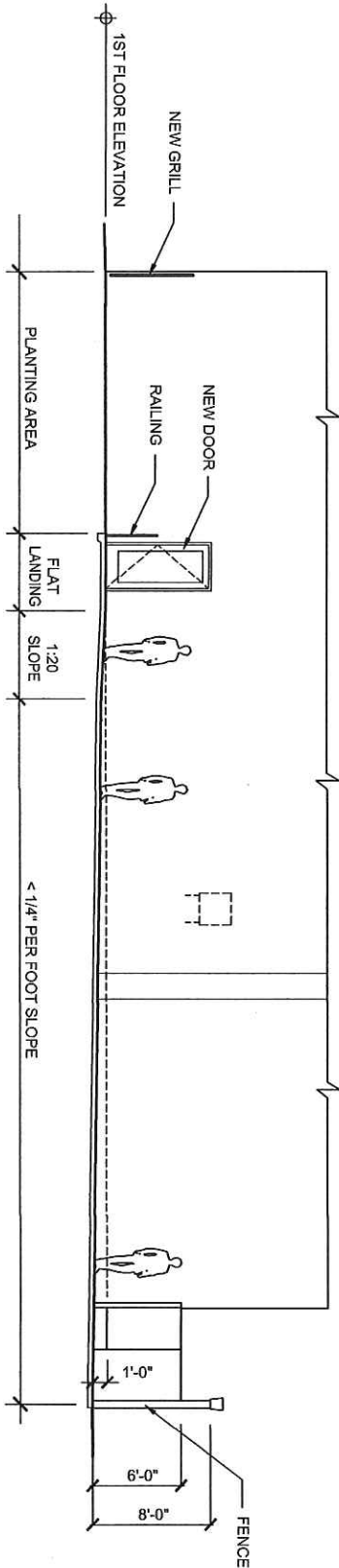
ISSUED FOR PERMIT  
MARCH 9, 2018

1ST FLOOR PLAN/  
SITE PLAN

# A-2



1  
OUTDOOR PATIO  
PROPOSED SEATING LAYOUT  
SCALE: 1/8" = 1'-0"



2  
SITE SECTION (NEW CONSTRUCTION)  
SCALE: 1/8" = 1'-0"

LAURENCE  
MALSKY  
ARCHITECT

26 DORSET AVENUE  
MASSFIELD, MA 02546  
508-663-6881  
MALSKYARCHITECT@HOTMAIL.COM

NEW EXTERIOR PATIO  
**ACITRÓN**  
473 MASSACHUSETTS AVENUE  
ARLINGTON, MASSACHUSETTS



ISSUED FOR PERMIT  
MARCH 9, 2018

SEATING LAYOUT/  
SITE SECTION

**A-3**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/15/2018

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).

<b>PRODUCER</b> Mackintire Insurance Agency Inc 11 West Main Street  Westborough MA 01581-1931		<b>CONTACT NAME:</b> Tracey Maffei <b>PHONE (A/C, No, Ext):</b> (508)366-6161 <b>FAX (A/C, No):</b> (508)366-5202 <b>E-MAIL:</b> <b>ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Guard Insurance Group	
		<b>INSURER B:</b> Safety Insurance	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 2018-2019**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.

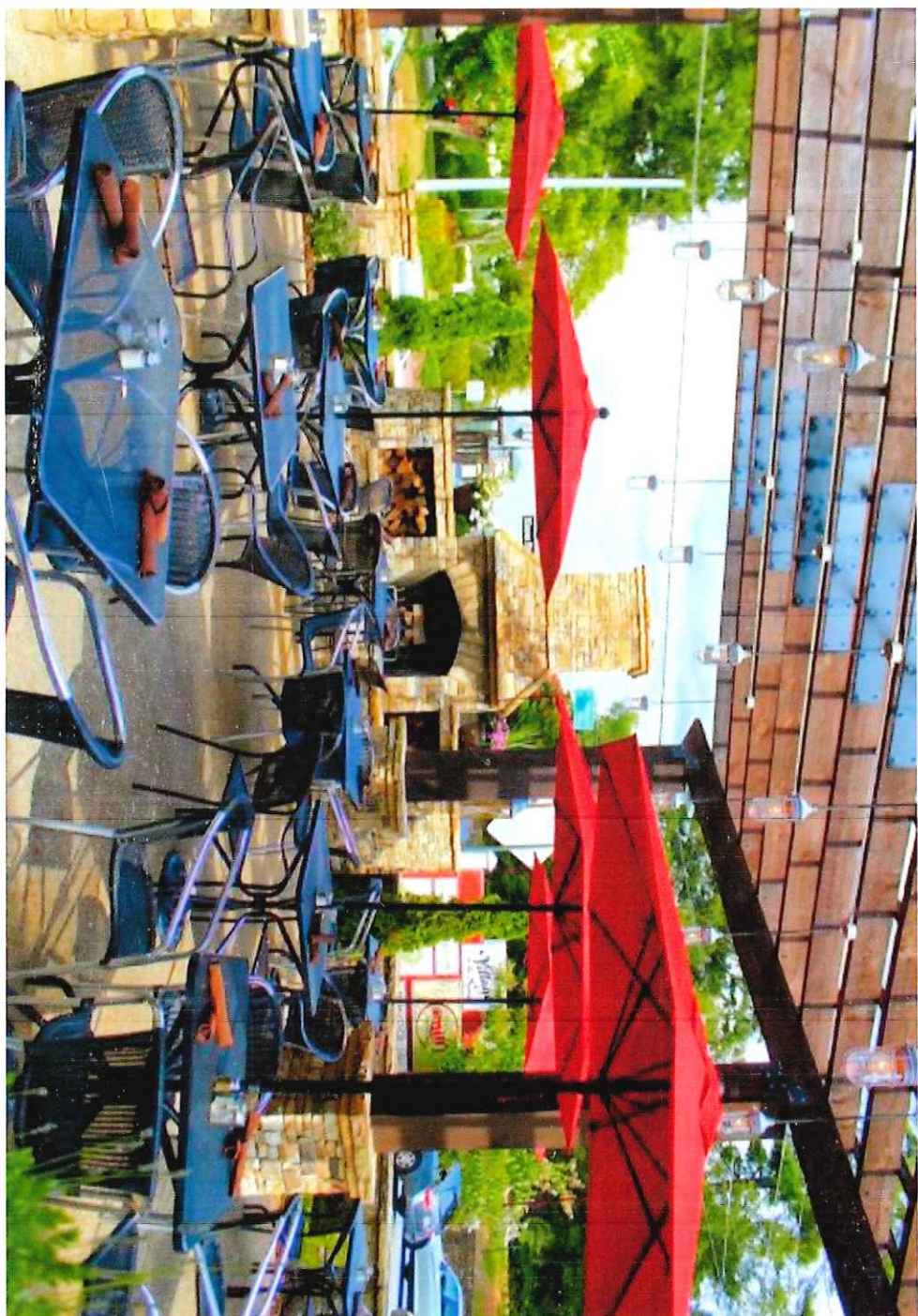
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			DEBP898056	10/23/2017	10/23/2018	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							Liquor Liability - Each \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2706184	10/23/2017	10/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
							Non-owned & hired \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			DEWC835254	09/21/2017	09/21/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	Liquor Liability			DEBP898056	10/23/2017	10/23/2018	Aggregate Occurrence \$2,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington 730 Massachusetts Ave  Arlington MA 02476	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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## **Town of Arlington, Massachusetts**

### **CITIZENS OPEN FORUM**



## **Town of Arlington, Massachusetts**

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### **Discussion: Bike Share Regulations**

#### **Summary:**

Douglas W. Heim, Town Counsel

#### **ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Draft_Bike_Share_License_Requirements.docx	Draft Bike Share License Requirements

# **TOWN OF ARLINGTON**

## **Rules and Orders for the Licensing and Operation of Bicycle Share Programs**

**Effective as of April \_\_, 2018**

---

## **OFFICE OF THE BOARD OF SELECTMEN**

## Bike Share Service Operator License

### *A. License Requirements*

The Board of Selectmen exercises regulatory control over public ways in the Town of Arlington. In this capacity, any private bike share service enterprise utilizing portions of the public way, including Arlington sections of the Minuteman Bikeway, and/or Town or Arlington Public School property for the purposes of installing bike share docks, parking free-standing bike share inventory, or otherwise operating a bike share service must be licensed by the Town of Arlington.

Each license shall be valid for one year from the date of issue in the interests of allowing operation of an emerging business model, while also allowing the Town to study the impact on bike sharing on traffic, transportation, safety, economic development, and other factors before determining the long-term value and appropriateness of bike share services in Arlington. Bike Share Operator licenses shall not be transferred without the consent of the Licensing Board.

#### 1. Definitions

- a. The **Licensing Board** is the Board of Selectmen.
- b. A **bike share service** is any for profit or non-profit enterprise which provides unsupervised bicycle rentals to individual consumers for short-term uses, including commuting, tourism, recreation, and other point-to-point travel, utilizing membership programs, mobile device applications, or unstaffed rental equipment including docking stations.
- c. A **bike share operator's permit**, as used in these Rules and Orders, is authorization to operate a business providing bike share rentals within the Town of Arlington.
- d. A **dock-based bike share** is any bike share service which operates by providing access to inventory at fixed dock locations where shared bicycles (and only the operator's shared bicycles) are secured, and may be accessed and returned by users through appurtenant unstaffed pay stations or mobile devices.
- e. A **free-standing bike share** is any bike share service which operates by providing access to inventory at any permitted, or otherwise allowed public or private property location within the Town of Arlington independent of a dedicated dock station, including public and private bicycle racks.

- f. The **public way**, is for the purposes outlined herein, any public street, sidewalk, or path owned, controlled, or operated by the Town of Arlington.

## **2. License Eligibility -- Competitive Procurement**

As a novel commercial enterprise utilizing the public way and likely public areas for storage/access to its inventory, applicants shall only be considered for a license following a competitive procurement process consistent with the requirements of M.G.L. c. 30B.

## **3. Specific Operator Requirements**

### **A. Safety**

1. All bike share bicycles available for use in the Town of Arlington shall meet the consumer product safety standards set forth in United States Code of Federal Regulations (CFR) under Title 16, Chapter II, Subchapter C, Part 1512.
2. All bike share bicycles available for use shall also be equipped to meet safety requirements set forth in M.G.L. c. 85 §11B, including, but not limited to §§11B(7) – (10).
3. All Bike share Operators shall also ensure compliance with all relevant requirements of the Town of Arlington Bylaws Title III, Article 1: Public Ways, and Article 2: Fire Lanes.
4. All operators shall provide proof of a mechanism or other satisfactory means for customers to notify the company that there is a safety or maintenance issue with a bike share bicycle.
5. All operators shall provide proof via an mobile device application, visible notice on each available bicycle, or other satisfactory means that each consumer is notified that:
  - a. Helmets should be worn at all times;
  - b. Bicyclists must obey state and local traffic laws; and
  - c. Bicyclists must yield to pedestrians on sidewalks.
6. Free-standing bike share operators must also provide proof provide proof via an mobile device application, visible notice on each available bicycle, or other satisfactory means that each consumer is notified that:

- a. Bicycles must stored or parked at authorized locations at the end of a term of use;
- b. Bicycles must not be stored or parked at the end of use in a manner that obstructs the public way or in any way inhibits access to public spaces.

## **B. Insurance and Indemnification**

1. All permitted operators shall provide proof of and maintain insurance in the following categories in the following amounts:

- a. Worker's Compensation

Insurance as required per M.G.L. c. 149, s. 34 and M.G.L. c. 152, as amended.

- b. Commercial General Liability

- i. Personal Injury  
\$1,000,000 each occurrence  
\$2,000,000 aggregate

- ii. Property Damage  
\$1,000,000 each occurrence  
\$2,000,000 aggregate

- c. Vehicle Liability

- i. Personal Injury  
\$500,000 each person  
\$1,000,000 aggregate

- ii. Property Damage  
\$300,000

2. Town of Arlington shall be listed as "additional insured," covering each bicycle available for use, parked, or left standing or unattended on any public way under the jurisdiction of the Town of Arlington AND each user using the bicycle during the period of use.

3. Prior to Issuance of a Permit, all bike operators shall execute an indemnification agreement to indemnify and holding harmless the Town of Arlington from any claims and/or litigation whatsoever arising out of providing bike share bicycles for use and/or consumer use of such bicycles.

### **C. Storage of Bicycles/Parking**

1. Dock-Based Bike Share Operator bicycles shall be stored and made available for each new, or first time use only at approved dock stations.
  - a. Any dock installation on the public way or on public property, requires a separate annual permit for each location approved by the Licensing Board.
  - b. The Town's Planning and Community Development Department and Town Engineering Department will consult applicants on feasible dock locations and necessary terms, limitations, and conditions relevant to each.
2. Free-standing Bike Share Operator bicycles shall be stored and made available for each new or first time use only at approved public space locations maintained by the Department of Planning and Community Development, or private property approved by the Operator.
  - a. Free-standing bike shares utilizing bicycle racks shall take reasonable measures to ensure that sufficient bicycle rack room is available for non-bike share, private bicycles in all approved public locations.
  - b. Free-standing bike share bicycles shall only be advertised at approved public locations or operator approved private locations, and must be parked upright.
  - c. Operator shall ensure that any free-standing bicycle parked outside of an approved location is relocated to an approved location within a reasonable period of time.

### **D. Operational Requirements**

1. Bike Share Operators shall have a 24-hour customer service phone number for customers to report safety concerns, complaints, or ask questions. 24-hour customer service shall also be available to address bicycle re-location for violations of the rules and orders herein.

2. Bike Share Operators shall also provide a direct contact for the Department of Planning and Community Development for the purposes of facilitating re-location of bike docks or free-standing individual bikes.
3. Any inoperable bicycle, or any bicycle that is not safe to operate shall be removed from the right-of-way within 24 hours of notice by any means to the operator by any individual or entity, and shall be repaired before putting the bicycle into revenue service.
4. All Bike Share Operators shall have a minimum of bicycle fleet of [REDACTED], and a maximum bicycle fleet of [REDACTED]. Operators shall notify the Licensing Board at least two-weeks in advance of any change to fleet size for any reason other than maintenance and repair.
5. The Board of Selectmen reserves the exclusive right to terminate this license at any time and require that the entire fleet of bicycles be removed from Town of Arlington public ways and spaces within thirty (30) days written notice.

#### **E. Data Sharing**

1. All Bike Share Operators shall provide the Town of Arlington access to their bicycle location and trip routing application programming interface (API).
2. Bike Share Operators shall take measures necessary to ensure that API does not personally identify users in any way.
3. The Town of Arlington is permitted to publicly use each permitted operator's API and display real-time data for the purposes of identifying available bicycles.
4. The Town of Arlington is permitted to make each Operator's API open and available for use by the public.
5. The Town of Arlington is also entitled to annual summary data to allow the Town to study the impact on bike sharing on traffic, transportation, safety, tourism, and economic development.

## **F. Fees**

Applicants shall pay an annual \$        for a License for Bike Share Operation.<sup>1</sup>

## **B. *License Renewal, Suspension, or Revocation***

1. **Immediate Suspension.** Where necessary to ensure public safety, the Licensing Board or the Arlington Police Department under the authority of the Licensing Board may immediately suspend the license of any Bike Share Operator. Following suspension, the Licensing Board will promptly hold a hearing where it will determine the length of the suspension, or lift the suspension, or revoke the Operator's right to provide a Bike Share Service in Arlington.
2. **Suspension or Revocation After Notice and Hearing.** After notice to any licensed Bike Share Operator, the Licensing Board or the Arlington Police Department under the authority of the Licensing Board may hold a hearing to determine whether the licensee or permit-holder is or has been in violation of any these Rules and Orders or any provision of Town Bylaws or state or federal law. If, after such hearing, the Licensing Board finds that violations have occurred, the Licensing Board may issue a decision suspending the license or permit, imposing additional conditions on the license or permit, or revoking the license or permit.
3. **Cessation of Operation.** When a licensee or permit-holder ceases employment or operation under these Rules and Orders, the licensee or permit-holder must surrender his or her license to the Licensing Board.
4. **License Renewals.** All Bike Share Operator licenses expire within one year of issuance and may be renewed at the discretion of the Licensing Board for a further license period not to exceed one year.

## **C. *Miscellaneous Provisions***

1. **Penalties for Violation.** In addition to other penalties recited herein, any Bike Share Operator violating any of these Rules and Orders shall forfeit and pay a fine not exceeding fifty (50) dollars for each offense payable to the Town of Arlington.

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<sup>1</sup> This fee is subject to change and has been set at an initially low rate in recognition of the substantial costs and risks in the early implementation of a bike share enterprise in Arlington. License holders and applicants are advised to expect such fees to change in future years.

2. **Severability.** Each of the provisions of these Rules and Orders are severable and if any provision shall be declared to be invalid, the remaining provisions shall not be affected but shall remain in full force and effect.





## Town of Arlington, Massachusetts

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### Discussion: Future BoS Meetings

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Calendar_May_-_August.pdf	Calendar May - August

# May 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Special Town Meeting 8:00 p.m.	3	4	5
6	7	8	9	10	11	12
13 Mother's Day	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28 Memorial Day	29	30	31		

# June 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17 Father's Day	18	19	20	21	22	23
24	25	26	27	28	29	30

# July 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Independence Day	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

# August 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



## Town of Arlington, Massachusetts

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### Articles for Review:

#### Summary:

Article 12 Bylaw Amendment/Betterment Bylaw Revision  
Article 13 Bylaw Amendment/Arlington Commission on Arts & Culture  
Article 24 Revolving Funds  
STM Article 3 Vote/Study of Demolition of Historic Residential Buildings  
STM Article 4 Home Rule Legislation/Property Tax Deferrals  
STM Article 5 Home Rule Legislation/Means-Tested Senior Tax Relief  
STM Article 6 Home Rule Legislation/Package Store Licenses  
STM Article 7 Home Rule Legislation/Bylaw Amendment: Gender Neutral Language

### ATTACHMENTS:

Type	File Name	Description
		Town Counsel FV+C ATM
<input type="checkbox"/> Reference Material	Town_Counsel_ATM_W.A._#_12_and_13_and_STM_W.A._#_3_4_5_6_and_7.docx	W.A. #12, 13 STM W.A. #3, 4, 5, 6, 7



**Town of Arlington  
Legal Department**

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To: Board of Selectmen

Cc: Adam Chapdelaine, Town Manager  
John Leone, Town Moderator

From: Douglas W. Heim, Town Counsel

Date: April 5, 2018

**Re: Final Votes and Comments Re: ATM Articles No. 12 and 13; and  
STM Nos. 3, 4, 5, 6, and 7**

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I write to provide the Board draft "Final Votes and Comments" for its upcoming hearing on April 9, 2018. In the interests of clarity, articles are presented in the order in which they appear on the Annual and Special Town Meeting Warrants.

**ARTICLE 12**

**BYLAW AMENDMENT/BETTERMENT BYLAW REVISION**

**VOTED:** That Title III of the Town Bylaws ("Public and Private Ways") Article 3: Repairs to Private Ways be and hereby is amended to add, strike, and reformat the bylaw in the interests of clarifying the purpose and process of repairs, including betterments as follows:

## ARTICLE 3: REPAIRS TO PRIVATE WAYS

### Section 1. Classification

The Town Engineer and the Director of Public Works upon request of the Board of Selectmen acting in its capacity as the Board of Public Works shall recommend the classification of private ways in the Town according to the state of their construction and repair. The Board may then adopt such classifications with any modifications it may deem appropriate.

### Section 2. Responsibility, Definition and Authorization

- A. The private property owners abutting private ways are responsible for the maintenance of such ways, which must be maintained so that there are no defects to impede the safe passage of emergency vehicles. This bylaw provides a means by which the Town may assist in the maintenance of such ways, primarily by providing a mechanism for private way abutters to fund repairs known as a “betterment.”
- B. The Board may vote to direct the Town Manager to make temporary repairs to private ways at the request of the Director of Public Works as provided below. Temporary repairs shall be limited to the filling of potholes and temporary patching.
- C. The Board may authorize a temporary or extensive repairs to private ways by abutter petition for a betterment. Extensive repairs shall include, but not be limited to, skimcoating, armor coating, drainage work, and grading of dirt gravel roadways, providing, however, in the case of said For all extensive repairs grading, the petitioners agree to enter into a contract with a private contractor or the Town to repair and pave the roadway forthwith. Drainage shall not be included.

### Section 3. Criteria

#### A. Abutter Criteria

The Board shall in making its determination as to the advisability of making temporary or extensive repairs by abutter petition, take into consideration the following factors:

1. The accessibility of the properties on the private ways to emergency vehicles such as police, fire and rescue.
2. The volume of traffic that utilizes the private way i.e. dead end as opposed to feeder or connecting streets.
3. The percentage of abutters on the particular private way petitioning the Board for the repairs.

4. The number of years that the way shall have been open to public use.
5. Such other considerations that the Board deems appropriate.

B. Town Criteria

The Board may authorize temporary repairs at the request of the Town whenever the Director of Public Works so advises the Board that repairs are required to abate an immediate hazard caused by a defect necessary for the safe passage of public safety vehicles.

Section 4. Petition

The Board of Selectmen shall consider any private way or portion thereof for temporary or extensive repairs after having been petitioned to do so by at least two-thirds of the total number of abutting property owners on the Private Way who directly abut the portion to be considered for temporary or extensive repairs. The Town shall only be considered a abutter for the purposes of this section, and assessment of costs in Section “6,” to the extent a private way is substantially used by Town staff or the public for the specific purpose of utilizing an abutting Town parcel.

The Board may after careful consideration, elect to do the entire portion which was petitioned for, or a lesser portion, provided at least two-thirds of the abutting property owners on the lesser portion to be done are in favor of such action. The Board shall upon receipt of a petition with at least two-thirds of the abutters' signatures affixed thereto shall hold a public hearing on the advisability of ordering the repairs and the kind and extent thereof. All abutters shall be given written notice of the hearing not less than seven (7) days prior thereto.

Section 5. Alternate Petition

Notwithstanding the provisions of Section 4 above, the Board may also consider a number of private ways for repair as a whole project when these private ways are ways where a majority of abutters are members of an association of abutters whose major purpose has been the maintenance and repair of those ways upon which these members' properties abut. The Board may only consider these private ways to be repaired as a whole project when having been petitioned by two-thirds of the total number of abutters who abut all of the ways represented by the association. The Board upon receipt of such a petition shall hold a public hearing on the advisability of ordering the repairs and the kind and extent thereof. All of the abutters on all of the ways represented shall be given written notice of the hearing not less than seven days prior thereto.

Section 6. Assessment of costs

The costs of all labor and materials and processing shall be assessed equally to all abutters on the private way, or portion thereof (except with respect to Town property as set forth in Section 4), or if the Board votes to order any repairs pursuant to a petition filed under

**Section 5 all the abutters on all the private ways to be repaired without regard to linear frontage.**

**A one-third deposit of the total estimated cost of the completion of the repair project shall be required before any work can be commenced. All remaining costs shall be apportioned, assessed and collected on a per-property basis pursuant to the procedures provided in Chapter 80 of the General Laws, the Betterment Act, including the placing of liens on the affected property and the collection of apportioned costs by means of property tax collection.**

**Any and all such deposits shall be deducted from the equalized share of the property owners actually paying.**

### **Section 7. Liability**

**There shall be a limitation of liability on the Town of Five Hundred (\$500.00) Dollars for any damages arising from any negligent repair of the private way by abutter petition which shall include damage from surface water run-off. No repair shall be commenced until all the petitioners have signed an agreement with the Town holding the Town harmless from any additional damages arising from any negligent repair and providing evidence of insurance to the satisfaction of the Town. However, nothing in this paragraph shall excuse the Town from damages to property caused by the Town or agents thereof, during the repair process.**

**Temporary repairs made at the request of the Director of Public Works necessary to abate an immediate hazard caused by a defect shall not be considered as maintenance of the private way, nor shall the way be considered a public way. The Town shall not be liable for any damage incurred by the defect, subsequent repair or failure to make repairs to private ways.**

**(5-0)**

**COMMENT:** The Board of Selectmen requests that Town Meeting endorse three categories of amendments to the Town's mechanism for assisting private way residents to meet the maintenance and repair needs of their streets. The majority of private ways in Arlington are so-called "statutory private ways," roads which were approved, but not accepted by the Town. As such, these roads must be maintained by their abutters who share a mutual interest in the way, not the Town and its Department of Public Works. Title III, Article 3 "Repairs to Private Ways," known alternatively as Arlington's "betterment bylaw" helps abutters address the cost of private way maintenance and repair by allowing them to deposit at least one-third of the cost of the project with the Town and having the remainder placed upon property tax bills over a fixed period pursuant to G.L. c. 80.

First, as presently constituted, the bylaw has proven confusing in both presenting the responsibilities of the abutters and the Town as well as the scope of repairs eligible for the betterment process. The proposed amendment language clarifies the purposes and mechanisms

of the bylaw, the responsibilities of private way residents, and distinguishes between temporary repairs and more extensive re-paving projects.

Second, the proposed revisions resolve a long-standing question regarding whether the Town itself is an abutter for the purposes of the bylaw. In recent years, abutters have sought to have the Town contribute to private way repairs because it owned land abutting the private way. Often times, the land at issue are very small parcels taken in tax title not used for any purpose by the Town or residents. The proposed amendments would require the Town to pay a share only where private way is meaningfully utilized to access abutting Town property.

Third, based upon persistent conditions on some private ways which inhibit the safe passage of emergency vehicles to render aid to Town residents, the amendment proposes to authorize the make temporary repairs to private ways upon the recommendation of the Director of Public Works and the vote of the Selectmen for the limited purpose of ensuring emergency service access, and with the explicit limitation on any liability for such repairs made by the Town.

Finally, the Board is committed to further study of private way maintenance and repair, issues, including examining whether the definition of abutters or the quantum of abutters should or should not be refined to facilitate more private way repairs. However, the above incremental improvements can be made with Town Meeting's approval immediately.

## **ARTICLE 13                                      BYLAW AMENDMENT/ARLINGTON COMMISSION ON ARTS AND CULTURE**

**VOTED: That Title II, Article 8 of the Town bylaws is hereby amended by striking the bylaw in its entirety and replacing it with the following:**

### **Section 1. Establishment and Purpose of the Arlington Commission for Arts and Culture**

- A. The body previously known as the Arlington Commission on Arts and Culture shall hereafter be known as “the Arlington Commission for Arts for Culture” and shall incorporate into its mission, duties and responsibilities, the duties and responsibilities of the Arlington Public Arts Committee of Vision 2020, the Arlington Cultural Council, and the Cultural District Managing Partnership, all of which are consolidated under one public body as outlined herein.**
- B. The Commission shall promote and develop arts and culture programs, events, and resources, in order to create a sustainable and vibrant arts scene that engages and attracts artists, residents, businesses and visitors, as more specifically enumerated in Section “5” herein. The Commission shall be constituted of a “Core Committee” which shall serve as the coordinating and policy making body of the Commission, and up to five**

**(5) action committees, which shall collaborate with the Core Committee to meet Commission's duties and responsibilities. The Core Committee may also establish or disband action committees consistent with Section 3 of this bylaw, as well as any necessary ad hoc committees or advisory groups as needed under the umbrella of the Commission's role and responsibilities.**

## **Section 2. Core Committee Membership, Quorum, Administration, & Organization**

**A. The Core Committee shall consist of up to 13 voting members appointed pursuant to subsection (1) below and a liaison from the Dept of Planning and Community Development. A quorum shall consist of a majority of the current voting Core Committee Members, and all actions shall be made pursuant to a majority vote of members in attendance. The Committee shall organize for the conduct of its affairs and shall elect its own officers.**

### **1. Core Committee Appointments and Membership**

- a. Core Committee members shall be sourced from, or appointed by the following:**
  - i. One (1) at-large member appointed by the Arlington School Committee for an initial three-year term;**
  - ii. One (1) member of the Cultural District Managing Partnership or their designee;**
  - iii. One member of the Grants Committee set forth in section 3 below;**
  - iv. One member of up to four (4) action committees set forth in section 3 below;**
  - v. Three (3) at-large members recommended by the Town Manager and appointed by the Board of Selectmen, one of which shall serve an initial one-year term, one to serve an initial two-year term, and one of which to serve an initial three-year term;**
  - vi. One (1) representative of the Town of Arlington business community for an initial one-year term appointed by the Town Manager;**

- vii. **One (1) representative of the Town of Arlington’s non-profit arts community for an initial two-year term appointed by the Town Manager;**
  - viii. **One (1) representative of the local community of working artists for an initial three-year term appointed by the Town Manager;**
  - ix. **The Director of Planning and Community Development, or their designee shall serve as a Department liaison to the Core Committee.**
- b. **All appointed Core Committee members shall be eligible for reappointment for a three-year term.**
  - c. **Members may be removed by the appointing authority upon request of a majority of the Commission for three or more unexcused absences from Commission meetings in any calendar year.**
  - d. **A vacancy of an appointed Core Committee seat shall be filled by the Board of Selectmen, School Committee, or Manager consistent with the foregoing.**

### **Section 3. Grants Committee, Other Action Committees & Ad Hoc Committees**

#### **A. Grants Committee.**

**The Arlington Cultural Council shall hereafter operate as the Grants Committee of the Arlington Commission for Arts and Culture.**

- 1. The Grants Committee shall identify arts and culture grant opportunities for the Town and its communities, apply for such grants, and where appropriate, distribute such funds.**
- 2. The Grants Committee shall also serve as the Local Cultural Council for the purposes of G.L. c. 10 § 58.**
- 3. The Grants Committee shall be organized, appointed, and administered consistent with the requirements of c. 10 § 58.**
- 4. All members of the Arlington Cultural Council serving at the time of passage of this bylaw shall continue the remainder of their appointed terms.**

#### **B. Action Committees**

**The Core Committee may establish and/or disband up to four (4) additional action committees in the areas of operations listed below to be composed and organized as directed by the Core Committee, including the number of members and such members' terms of service:**

- 1. Public Art**
- 2. Programs and Festivals**
- 3. Marketing and Evaluation**
- 4. Resource Development**

**C. Core Committee Representation**

**As set forth in section 2, one member of the Grants Committee and one member of each other active action committee shall serve on the Core Committee.**

- D. The Core Committee may also establish or disband any necessary ad hoc committees and advisory groups as needed, but such groups shall not be represented on the Core Committee.**

**Section 5. Duties and Responsibilities**

**The Arlington Commission for Arts and Culture shall endeavor to:**

- A. Advocate to promote greater awareness of, and support for, the many cultural opportunities in Arlington;**
- B. Advise the town and its commissions, committees and boards with respect to all matters of a cultural or artistic nature;**
- C. Make recommendations to the appropriate authorities on the use of public areas, building and meeting spaces for cultural or artistic performances or exhibits, and recommend guidelines for the conduct of such events;**
- D. Implement and update the Arts and Culture Action Plan for the Town and annually report on its progress;**
- E. Manage the Arlington Cultural District, a hub for arts, culture, dining and entertainment spanning a walkable stretch along Massachusetts Avenue from East Arlington's Milton Street to Jason Street in Arlington Center;**
- F. Accept gifts, contributions and bequests of funds from individuals, foundations and from federal, state or other governmental bodies for the purpose of furthering the Commission's purposes;**

- G. Distribute funding from the Massachusetts Cultural Council, as well as other arts and culture grants;**
- H. Recommend policies to the appropriate authorities for the collection, preservations and care of public or Town owned art work;**
- I. Preserve and promote the cultural and artistic resources of the Town; curate the Town's public art;**
- J. Work toward establishing Arlington as a significant cultural center;**
- K. Promote cultural education for all citizens regardless of age;**
- L. Serve as a vocal, strong and visible advocate for the arts throughout the Town, its schools and its other educational entities;**
- M. Promote the arts as a viable vocation as well as avocation and encourage the appreciation and understanding of the arts as a means of improving the quality of all endeavors;**
- N. Recognize and honor Arlington citizens for outstanding service to the Town in the area of cultural affairs;**
- O. Serve as the umbrella organization for Town coordinated arts and culture efforts; and**
- P. Take all actions which in its judgment will further the purposes for which it was established consistent with the above.**

#### **Section 6. Department Coordination, Staff Position, and Office**

**The Commission's activities shall be generally coordinated with staff support provided by the Department of Planning and Community Development. The Commission may work with the Department to define specific duties and solicit a person or persons to oversee arts and culture planning activities. Staff or consultant support may be paid by appropriation or from any funds received through grants or gifts to the Commission in compliance with Local Cultural Council regulations. If no such funds are available, then the appointment thereto may be made on a volunteer basis. The Town Manager shall appoint staff after considering the recommendation of the Commission and Department.**

**(5-0)**

**COMMENT:** The Board of Selectmen unanimously supports this request by the Arlington Commission on Arts and Culture to marshal a variety of Town and quasi-Town bodies' missions, duties, and responsibilities with respect to the Town's arts and culture resources into a single umbrella entity with a number of subcommittees. The proposed "Arlington Commission *For*

Arts and Culture” would have a policymaking “Core Committee” overseeing cultural district management, resource development, and related programming and responsibilities, along with smaller, distinct subcommittees that preserve the heritage and work of the many groups coming under this proposed umbrella. For example, the Arlington Cultural Council will continue to operate (as is required by law), but now within the coordinated efforts of the Commission. The revised bylaw also seeks to clarify and codify the important role of the Department of Planning and Community Development plays in our municipal arts and culture works as well as the need for professional support for the ever increasing role of arts and culture efforts in Arlington.

(5-0)

### **STM ARTICLE 3**

### **VOTE/STUDY OF DEMOLITION OF HISTORIC RESIDENTIAL BUILDINGS**

**VOTED:** That Town Meeting hereby amends its vote on Article 11 of the 2016 Town Meeting, wherein the committee known as the “Residential Study Group” was formed, by specifically charging the Group to study the demolition of Arlington residential structures, determine what, if any distinctions may be made with respect to the types of homes frequently subject to demolition; identify viable means by which unnecessary or unwanted demolitions may be discouraged; and make recommendations both to Town Meeting and pertinent Town officials on same.

(5-0)

**COMMENT:** Following multiple hearings on Article 17 of the Annual Town Meeting Warrant, this Board attempted to further discourse and options regarding the demolition of historic residential structures in Arlington. However, after hearing the testimony of residents, volunteers, and staff, it is apparent the issues surrounding demolition of older homes in Arlington is about much more than historic preservation. Indeed, while the original Article focused on expanding the number of homes potentially subject to the Arlington Historical Commission’s “demolition delay” provisions, it is clear the Selectmen that addressing so-called “teardowns,” especially the replacement of older, smaller homes with new or multiple new and larger homes through a historic preservation lens will not sufficiently examine the scope of concerns for our community.

The Residential Study Group was created in 2016 by vote of Town Meeting to address a variety of issues with respect to zoning and new residential construction (including demolition). The Group has submitted successful proposals to revise both the Town Bylaws and the Zoning Bylaws. As such, the Board respectfully urges Town Meeting to underscore the concerns presented about demolition to the Residential Study Group within its original charge, and more specifically direct them to examine and develop recommendations on “tear down” demolitions, taking care to advise as to what types of demolitions are necessary or unnecessary, and acceptable or unacceptable.

**STM ARTICLE 4**

**HOME RULE LEGISLATION/PROPERTY TAX  
DEFERRALS**

**VOTED: That the Town does hereby request and authorize the Board of Selectmen to file Home Rule Legislation to provide substantially as follows:**

**“AN ACT RELATIVE TO REAL PROPERTY TAX DEFERRALS  
IN THE TOWN OF ARLINGTON.**

**Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:**

**SECTION 1. Notwithstanding the provisions of the first paragraph of clause Forty-first A of section 5 of chapter 59 of the General Laws, the Town of Arlington may, by vote of its Town Meeting and with the approval of its Board of Selectmen: (1) adopt a higher maximum qualifying gross receipts amount than \$57,000.**

**SECTION 2. This act shall take effect upon its passage.”**

**(5-0)**

**COMMENT:** Consistent with the Town’s commitment to identify and pursue means of providing tax relief for Arlington’s senior homeowners living on fixed, limited incomes, the Board of Selectmen recommends positive action on this Article to join other communities in extending tax deferral to a broader set of Arlington’s senior population. In short, existing law allows eligible resident property owners over age 65 to apply to delay payment of their property taxes for a total of up to half their home’s assessed value. Such deferment rights, particularly in the context of potential overrides and debt exclusions allow seniors to tap the valuable asset that is their home’s value. Payment can often be deferred until a home is sold or otherwise conveyed, until death, or a homeowner elects to pay, with the deferred payment subject to a fixed, low interest rate, all codified in a written deferral and recovery agreement with the Board of Assessors.

However, the income limit for eligibility set by state law is presently \$57,000 (with the approval of Town Meeting). By filing the Home Rule legislation before Town Meeting, the Town can gain permission to increase income limits otherwise by confined by the statute and periodically reassess its position. In neighboring Lexington for example the income limit was set at \$70,000 for Fiscal Year 2018.

**STM ARTICLE 5**

**HOME RULE LEGISLATION/MEANS-  
TESTED SENIOR TAX RELIEF**

**VOTED:** That no action be taken on Special Town Meeting Article 5 at this time and to have the option referred to the Town Manager, the Board of Assessors, and the Finance Committee for further study.

**(5-0)**

**COMMENT:** Similar to Special Town Meeting Article 4, the Board of Selectmen inserted this article to explore a local means-tested “circuit breaker” tax relief program for Arlington seniors, which would cap property taxes for eligible seniors at no greater than 10 percent of their total income. This model has been employed in a number of municipalities based upon a pilot administered by the Town of Sudbury. While the Board remains interested in adding this measure as another means of easing the burden on Arlington’s senior property owners with limited incomes, the financial ramifications to the rest of the Town are not sufficiently clear to move forward yet and a local circuit breaker tax relief program likely would require an increase to the average tax bill. Accordingly, we recommend no action, but also respectfully request that the Board of Assessors, Finance Committee, and Town Manager’s Office study the potential benefits and impacts of implementing such a program in Arlington.

## **ARTICLE 6**

## **HOME RULE /PACKAGE STORE LICENSES**

To see if the Town will vote to authorize and request the Board of Selectmen to file Home Rule Legislation which would permit the placing on the 2019 Annual Town Election ballot a question to authorize the Board of Selectmen to increase the current number of all-alcohol “package store” licenses (all-alcohol beverages for consumption off the premises) from the current number of 5; or take any action related thereto.

(Inserted by the Board of Selectmen)

**VOTED:** That the Town does hereby request and authorize the Board of Selectmen to file Home Rule Legislation to provide substantially as follows:

**“AN ACT TO AUTHORIZE THE BOARD OF SELECTMEN OF THE TOWN OF ARLINGTON TO PLACE UPON A TOWN BALLOT A QUESTION RELATING TO THE LICENSING OF PURVEYORS OF ALCOHOLIC BEVERAGES NOT TO BE DRUNK ON THE PREMISES.**

**Section 1. The Board of Selectmen of the Town of Arlington is hereby authorized to place upon the ballot at a 2019 Town election the following question:**

**Shall the Board of Selectmen of the Town be authorized to issue up to 7 licenses for the sale of all alcoholic beverages not to be drunk on the premises in replacement of up to 5 existing licenses for the sale of wine and malt beverages not to be drunk on the premises?**

<b>YES</b>	
<b>NO</b>	

**Section 2.** If a majority of voters voting at the 2019 Town election at which the above question appears on the ballot vote ‘yes’ on the question, then the Board of Selectmen of the Town of Arlington may issue up to three licenses for the sale of all alcoholic beverages to be drunk off the premises in place of up to three licenses that are currently authorized in the Town of Arlington for the sale of wine and malt beverages to be drunk off the premises.

**Section 3.** This act will take effect upon passage.”

**(5-0)**

**COMMENT:** As the Local Licensing Authority for alcoholic beverages in the Town of Arlington, this Board has seen an increased demand for package store licenses throughout the Town. Moreover, the desirability of licenses has incentivized a commoditization of the existing licenses not favored by the Board. The option to issue additional licenses would not only respond to increasing demand from the business community, but it would also offer the Town greater discretion in determining which businesses will be afforded licenses. Moreover, the Board is committed to evenly distributing any new licenses geographically.

It should be noted that the process for increasing the number of licenses requires Town Meeting approval to submit special legislation; favorable action by the Legislature; and a majority vote of the Town’s residents by ballot at the Annual Town election. Accordingly, the Board of Selectmen respectfully recommends positive action on this article to put this potential increase before the Town’s voters.

## **ARTICLE 7**

### **HOME RULE LEGISLATION/BYLAW AMENDMENT: GENDER NEUTRAL LANGUAGE**

**VOTED:** That the Town hereby amends the Town’s General Bylaws as follows:

That the entirety of the Town Bylaws be and hereby are amended to substitute the following gendered noun and pronoun terms with gender-neutral substitutes throughout each title, article and section of the bylaw. Gendered nouns and pronouns to be substituted include “his” or “hers” (or variants “his or hers” and “his/hers”), “him” or “her” (and variants “him or her,” and “him/her”) “he” or “she” (and variants “he or she” and “he/she”); “himself” or “herself” (and variant “himself or herself”) and “Chairman” “Vice-Chairman.” In each instance, such terms shall be replaced only with “their,” “they,” “them,” “one” (or “one’s”), or “Chairperson,” “Chair,” “Vice-Chairperson,” or “Vice Chair.”

**IT IS FURTHER VOTED: That the Town does hereby request and authorize the Board of Selectmen to file Home Rule Legislation to provide substantially as follows:**

**“AN ACT AMENDING THE TOWN MANAGER ACT OF ARLINGTON ADOPT GENDER NEUTRAL TERMS”**

**Section 1. Chapter 503 of the Acts of 1952 (The Town Manager Act of Arlington) as subsequently amended, is hereby amended in all sections and subparts to substitute the terms “his,” “him,” “he,” “himself” or and “Chairman” or “Vice-Chairman” with the gender neutral terms “their,” “they,” “them,” “one” (or “one’s”), and “Chairperson,” “Chair,” “Vice-Chairperson,” or “Vice Chair” as appropriate to the grammar and syntax of each sentence in which such terms exist.**

**Section 2. This Act shall take effect upon its passage.”**

**(5-0)**

**COMMENT:** In concert with this Board’s recommendation on Article 20 of the Annual Town Meeting Warrant, which seeks authorization to file Home Rule legislation to convert the “Board of Selectmen” to the “Select Board” under the Town Manager Act, and amend the Town Bylaws consistent with same, the Board respectfully respects Town Meeting’s support to replace the gendered nouns and pronouns found throughout the Town Bylaws and the Town Manager Act. The terms to be employed will be limited to the historically used gender-neutral pronouns such as “their” “they,” “them” and/or “one” which, it must be noted, has been the practice of legislative drafting for the Commonwealth for nearly a decade. While these changes will not any substantive impact on the duties, authorities, rules, and regulations set forth in our local ordinances and charter, they nonetheless represent an important message to our community about equality.



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## **Town of Arlington, Massachusetts**

**NEW BUSINESS**



## **Town of Arlington, Massachusetts**

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### **EXECUTIVE SESSION**

**Summary:**

To conduct a strategy session in preparation for negotiations with non-union personnel - Town Comptroller.



## **Town of Arlington, Massachusetts**

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**Next Scheduled Meeting of BoS April 23, 2018**