



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

### **Meeting Agenda**

May 7, 2018

7:00 PM

Selectmen's Chambers, 2nd Floor, Town Hall

#### **PROCLAMATIONS**

1. Proclamation: James D. Hobbs

#### **CONSENT AGENDA**

2. Minutes of Meetings: April 23, 2018; April 30, 2018
3. For Approval: Sandwich Board for Bishop School PTO Bear Fair @ Intersection of Mystic Street and Ridge Street, 5/11/18 - 5/20/18  
Jean Finochetti Clark, Bishop School PTO
4. Request: Farmers' Market Winery Application - Sale of Wine  
Pony Shack Cider, Inc., Nathan J. McKinley  
22 Littlefield Road, Boxborough, MA 01719
5. Request: Annual Greek Festival, May 31, 2018-June 3, 2018  
Constandinos Ioakimidis, Parish Council President, St. Athanasius the Great, 4 Appleton Street
  - a) 4-Day Special (One Day) Beer & Wine License
  - b) 'One Way' designation of Appleton Place (from Mass. Ave. to Burton St.)
  - c) Acton Place - street closing
6. Request: Special (One Day) Beer & Wine License, 5/11/18 @ Robbins Memorial Town Hall for Boys & Girls Club 80th Birthday Celebration  
Derek Curran, Arlington Boys & Girls Club
7. Request: Special (One Day) All Alcohol License, 5/13/18 @ Whittemore Robbins House for a Private Event  
Michele Kotiuga
8. Request: Special (One Day) Beer & Wine License 5/26/18 @ Robbins Memorial Town Hall for a Private Event  
Margaret Downes
9. Request: Contractor/Drainlayer License  
Parkside Utility Construction LLC, 125 King Philip Street, Providence, RI



## **APPOINTMENTS**

10. Board of Youth Services  
Laura Pierce (term to expire 1/31/2021)

## **LICENSES & PERMITS**

11. For Approval: Food Vendor License  
Arlington Convenience, 245 Massachusetts Avenue, Davinder Sharma

## **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**

12. For Approval: 'Arlington Porchfest Headquarters' on Jefferson Cutter House Lawn, June 9, 2018, 12:00 NOON - 6:00 p.m.  
Linda Shoemaker, Executive Director, Arlington Center for the Arts
13. For Approval: Comptroller Contract

## **CORRESPONDENCE RECEIVED**

Rodent Concerns in Kilsythe Road Neighborhood  
Emily Cause, 21 Kilsythe Road and Neighbors

## **NEW BUSINESS**

## **EXECUTIVE SESSION**

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

Next Meeting of BoS May 21, 2018





## Town of Arlington, Massachusetts

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**Proclamation: James D. Hobbs**

**Summary:**

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	James_Hobbs_2018.docx	Proclamation



## OFFICE OF THE BOARD OF SELECTMEN

DANIEL J. DUNN, CHAIR  
DIANE M. MAHON, VICE CHAIR  
KEVIN F. GREELEY  
JOSEPH A. CURRO, JR.  
JOHN V. HURD



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

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

### PROCLAMATION

- WHEREAS:** Mr. James D. Hobbs and his wife Sandra Mullins Hobbs discovered Arlington, bought a home on Varnum Street in the mid 1960's; and
- WHEREAS:** Jim helped to organize the Arlington Jaycees in early 1967 by placing notice in the Arlington advocate calling civic minded young men to step forward. The Arlington Chapter Jaycees recruited business people, lawyers, engineers, public employees, and teachers, along with a stockbroker, a banker, and a printer. In later years, the chapter helped to extend national Jaycee membership to women; and
- WHEREAS:** Selectman Joseph P. Greeley, an honored guest at the Jaycees' first installation banquet, asked the Jaycees to raise sufficient funds to build a memorial in Uncle Sam's honor, and
- WHEREAS:** The Jaycees held the first annual "Uncle Sam Day" celebration in September 1969. The first pure silver and bronze Uncle Sam Medals, the work of Uncle Sam Statue sculptor, Theodore Barbarossa were sold. Ohio philanthropist, Mr. Frederick E. Houck underwrote the major portion of the project. Since then, Uncle Sam Day has become Arlington's Town Day Celebration; and
- WHEREAS:** The Jaycees supervised the Uncle Sam Statue construction which was ceremoniously unveiled, following the largest ever, six division 1976 Arlington Bi-Centennial Parade. Formal Uncle Sam Statue Dedication, also organized by the Jaycees, was held after the 1977 Arlington Patriots' Day Parade. In attendance were US House Speaker Thomas P. O'Neill and Massachusetts Governor Michael S. Dukakis. President Jimmy Carter sent a personal message of congratulations; and
- WHEREAS:** Under Jim's leadership, the Arlington Jaycees became one of the most successful Jaycee chapters in the United States. Their accomplishments include the construction and the eventual transfer to the Town of the Ed Burns Arena and Sporting Complex, Arlington's first metal and paper recycling program, the first



Boy Scout Troop to welcome and include boys with Downs Syndrome and other special needs. The Arlington Jaycees assisted in the first ever Massachusetts Special Olympics at Boston College in 1969. Jaycee wives, led by Jaycee-ette President Sandra Hobbs assisted on many projects including the Junior Miss Pageant; and

**WHEREAS:** Jim Hobbs was a visionary, consensus builder, mathematician, motivator, manager and problem solver who unselfishly went about his work without fanfare. All of these accomplishments happened within a short ten year span while he lived in Arlington; and

**WHEREAS:** Jim Hobbs left behind a quiet legacy that should not be forgotten. Jim passed away on January 16, 2018 at the age of 77, after a brief illness. He was preceded in death by his loving wife of 39 years, Sandra Mullins Hobbs and is survived by his daughters, Yvonne Dauria, Stephani Hobbs, Nicole Hobbs-Hilley, two grandchildren, his sister Annette Hobbs, and fiancé Lydia Moll and her Family ; and

**NOW, THEREFORE, BE IT RESOLVED,** that we, the Members of the Arlington Board of Selectmen thank Mr. Bill Scaglione for bringing these many contributions of Jim Hobbs and the Jaycees to our attention and do further thank Jim Hobbs for his contributions to Arlington the Jaycess and Uncle Sam.

**BE IT FURTHER RESOLVED,**  
That we the Arlington Board of Selectmen do hereby proclaim this 7<sup>th</sup> day of May 2018, to be James D. Hobbs Day throughout the Town of Arlington, and ask all citizens to pay heed thereto.

_____	<b>SELECTMEN</b>
_____	<b>OF THE</b>
_____	<b>TOWN</b>
_____	<b>OF</b>
_____	<b>ARLINGTON</b>

A true record.  
ATTEST:

By: \_\_\_\_\_  
Board Administrator





## **Town of Arlington, Massachusetts**

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**Minutes of Meetings: April 23, 2018; April 30, 2018**

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	4.23.18_draft_minutes.docx	Draft Minutes 4.23.18
▢	Reference Material	4.30.18_draft_minutes.docx	Draft Minutes 4.30.18



TOWN OF ARLINGTON  
BOARD OF SELECTMEN

Meeting Minutes  
Monday, April 23, 2018  
6:30 PM

Present: Mr. Dunn, Chair, Mrs. Mahon, Vice Chair, Mr. Greeley, Mr. Curro and Mr. Hurd  
Also Present: Mr. Chapdelaine, Mr. Heim, and Mrs. Krepelka

1. Approval of Sale of \$4,095,000 2.20 percent General Obligation Bond Anticipation Note (the "Note") of the Town dated April 26, 2018  
Dean Carman, Treasurer & Collector of Taxes

VOTE OF THE BOARD OF SELECTMEN

I, the Clerk of the Board of Selectmen of the Town of Arlington, Massachusetts, certify that at a meeting of the board held April 23, 2018, of which meeting all members of the board were duly notified and at which a quorum was present, the following votes were unanimously passed, all of which appear upon the official record of the board in my custody:

Voted: to approve the sale of a \$4,095,000 2.20 percent General Obligation Bond Anticipation Note (the "Note") of the Town dated April 26, 2018, and payable December 7, 2018, to Century Bank at par and accrued interest, if any, plus a premium of \$10,238.00.

Further Voted: that in connection with the marketing and sale of the Note, the preparation and distribution of a Notice of Sale and Preliminary Official Statement dated April 11, 2018, and a final Official Statement dated April 18, 2018, each in such form as may be approved by the Town Treasurer, be and hereby are ratified, confirmed, approved and adopted.

Further Voted: that the Town Treasurer and the Board of Selectmen be, and hereby are, authorized to execute and deliver a significant events disclosure undertaking in compliance with SEC Rule 15c2-12 in such form as may be approved by bond counsel to the Town, which undertaking shall be incorporated by reference in the Note for the benefit of the holders of the Note from time to time.

Further Voted: that we authorize and direct the Town Treasurer to review and update the Town's post issuance federal tax compliance procedures in consultation with bond counsel in order to monitor and maintain the tax-exempt status of the Note.

Further Voted: that each member of the Board of Selectmen, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing votes.

I further certify that the votes were taken at a meeting open to the public, that no vote was



taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting (which agenda included the adoption of the above votes) was filed with the Town Clerk and a copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b), at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the Note were taken in executive session, all in accordance with G.L. c.30A, §§18-25 as amended.

Dated: April 23, 2018

Mr. Greeley moved approval.

SO VOTED (5-0)

2. Approval of Sale \$1,100,000 Water Bond to the Massachusetts Water Resources Authority

Dean Carman, Treasurer & Collector of Taxes

#### VOTE OF THE BOARD OF SELECTMEN

I, the Clerk of the Board of Selectmen of the Town of Arlington, Massachusetts, certify that at a meeting of the board held April 23, 2018, of which meeting all members of the board were duly notified and at which a quorum was present, the following votes were unanimously passed, all of which appear upon the official record of the board in my custody:

Voted: that the sale of the \$1,100,000 Water Bond of the Town dated May 14, 2018, to Massachusetts Water Resources Authority (the "Authority") is hereby approved and the Town Treasurer or other appropriate Town official is authorized to execute on behalf of the Town a Loan Agreement and a Financial Assistance Agreement with the Authority with respect to the bond. The bond shall be payable without interest on May 15 of the years and in the principal amounts as follows:

Year	Installment	Year	Installment
2019	\$110,000	2024	\$110,000
2020	110,000	2025	110,000
2021	110,000	2026	110,000
2022	110,000	2027	110,000
2023	110,000	2028	110,000

Further Voted: that each member of the Board of Selectmen, the Town Clerk and the Town Treasurer be and hereby are, authorized to take any and all such actions, and execute and deliver such certificates, receipts or other documents as may be determined by them, or any of them, to be necessary or convenient to carry into effect the provisions of the foregoing vote.

I further certify that the votes were taken at a meeting open to the public, that no vote was taken by secret ballot, that a notice stating the place, date, time and agenda for the meeting (which agenda included the adoption of the above votes) was filed with the Town Clerk and a



copy thereof posted in a manner conspicuously visible to the public at all hours in or on the municipal building that the office of the Town Clerk is located or, if applicable, in accordance with an alternative method of notice prescribed or approved by the Attorney General as set forth in 940 CMR 29.03(2)(b), at least 48 hours, not including Saturdays, Sundays and legal holidays, prior to the time of the meeting and remained so posted at the time of the meeting, that no deliberations or decision in connection with the sale of the bond were taken in executive session, all in accordance with G.L. c.30A, §§18-25 as amended.

Dated: April 23, 2018

Mr. Curro moved approval.

SO VOTED (5-0)

3. Interview/Discussion/Vote: For Appointment of Town Comptroller

Joseph Curro, Board Member

Dan Dunn, Chair

Adam W. Chapdelaine, Town Manager

Mr. Curro introduced Ida Maria Cody, CPA, to the Board as the finalist for the position of Town Comptroller. Mr. Curro stated the candidate did a great job on her initial interview and he was very much impressed not only with the answers to the Committee's questions but with the questions she asked of the Committee.

Mr. Chapdelaine stated he was very impressed with her ability to speak the language of municipal finance so fluently. Mr. Chapdelaine stated he is very happy to be part of presenting her tonight.

Mrs. Mahon moved approval, seconded by Mr. Hurd pending final negotiations.

SO VOTED (5-0)

**CONSENT AGENDA**

4. Minutes of Meetings: March 26, 2018; April 9, 2018

Mr. Greeley moved approval .

SO VOTED (4-0-1)\*

Mr. Hurd abstained from 3.26.18

5. For Approval: Memorial Day Ceremony, May 28

Jeffrey A. Chunglo, Director of Veterans' Services

6. Request: Farmers' Market Winery Application - Sale of Wine

Coastal Vineyards, David W. Neilson

61 Pardon Hill Road, South Dartmouth, MA 02748

7. Request: Special (One Day) Beer & Wine License, 5/5/18 @ Whittemore Robbins House for a Private Event

David and Anna Pietrantonio

8. Request: Contractor/Drainlayer License

Nashoba Paving Co. Inc., 45 Power Road, Westford, MA

9. Appointments of New Election Workers: (1) J. Richard Anderson, 171 Mystic Street, D, Pct. 11; (2) Kelly DeVito, 42 Columbia Road, U, Pct. 21; (3) Nancy Gray, 30 Mill Street, D, Pct. 6; (4) Thomas Hughes, 20 Webster Street, U, Pct. 1; (5) Janet Wronski, 11 Christine Road, U, Pct. 11



Mr. Greeley moved approval subject to all conditions as set forth.

SO VOTED (5-0)

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

10. For Approval: Placement of 'Relay for Life' Lawn Signs, 5/19/18 through 6/11/18

Mrs. Mahon moved approval subject to all conditions as set forth.

SO VOTED (5-0)

11. Discussion: Town Manager Evaluation Process

Dan Dunn, Chair

Mr. Dunn stated that the Town Manager's annual performance reviews must now be done in an open meeting, in order to comply with a new Supreme Judicial Court ruling. Mr. Dunn recommended that we change our process and ask Ms. Malloy, Director of Human Resources to put them into a combined document, which we will then discuss at a future meeting before evaluating the Town Manager.

Mr. Curro moved that all evaluations from Board members will be made public at a future meeting.

SO VOTED (5-0)

### **FINAL VOTES & COMMENTS**

Article for Review:

Article 22: Local Option Taxes

Mrs. Mahon moved approval.

SO VOTED (5-0)

### **CORRESPONDENCE RECEIVED**

Invitation to Participate in Memorial Day Ceremony

Jeffrey A. Chunglo, Director of Veterans' Services

Arlington will honor this year's Memorial Day with a veterans ceremony, parade, wreath laying and movie on Monday, May 28<sup>th</sup>. The public is invited to attend the ceremony held in the Town Hall Auditorium starting at 9:30 a.m. This year's speaker is Marine Corps Lt. Col. Michael Strobl who escorted a fallen Marine to his hometown in Wyoming for his interment.

The Regent Theatre will show the movie "Taking Chance" based on Lt. Co. Michael Strobl's military journal.

Mrs. Mahon moved receipt of Correspondence Received.

SO VOTED (5-0)

### **EXECUTIVE SESSION**

Mrs. Mahon moved to convene in Executive Session to conduct a strategy session in preparation for negotiations with non-union personnel - Town Comptroller. Mrs. Mahon stated that when the Executive Session Meeting is over the Board would reconvene to go downstairs to attend the Annual Town Meeting.

Mrs. Krepelka took the roll call on the motion:



Mr. Hurd: yes  
 Mr. Curro: yes  
 Mr. Dunn: yes  
 Mrs. Mahon: yes  
 Mr. Greeley: yes

During Town Meeting starting April 23, 2018 the Board of Selectmen will be in session from 8:00 p.m. until 11:00 p.m.

A true and record attest:

Marie A. Krepelka  
 Board Administrator

Next Schedule Meeting of BoS April 30, 2018

4/23/18

Agenda Item	Documents Used
1	Approval of Sale of \$4,095,000 2.20 percent General Obligation Bond Anticipation Note (the "Note") of the Town dated April 26, 2018 Dean Carman, Treasurer & Collector of Taxes
2	Approval of Sale \$1,100,000 Water Bond to the Massachusetts Water Resources Authority Dean Carman, Treasurer & Collector of Taxes
3	Interview/Discussion/Vote: For Appointment of Town Comptroller Joseph Curro, Board Member Dan Dunn, Chair Adam W. Chapdelaine, Town Manager
4	Minutes of Meetings: March 26, 2018; April 9, 2018
5	For Approval: Memorial Day Ceremony, May 28 Jeffrey A. Chunglo, Director of Veterans' ServiceRequest:
6	Farmers' Market Winery Application - Sale of WinCoastal Vineyards, David W. Neilson 61 Pardon Hill Road, South Dartmouth, MA 02748
7	Request: Special (One Day) Beer & Wine License, 5/5/18 @ Whittemore Robbins House for a Private Event David and Anna Pietrantoni
8	Request: Contractor/Drainlayer License Nashoba Paving Co. Inc., 45 Power Road, Westford, MA
9	Appointments of New Election Workers: (1) J. Richard Anderson, 171 Mystic Street, D, Pct. 11; (2) Kelly DeVito, 42 Columbia Road, U, Pct. 21; (3) Nancy Gray, 30 Mill Street, D, Pct. 6; (4) Thomas Hughes, 20 Webster Street, U, Pct. 1; (5) Janet Wronski, 11 Christine Road, U, Pct. 11



10	Approval: Placement of "Relay for Life" Lawn Signs 5/19/18 through 6/11/18
11	Discussion: Town Manager Evaluation Process , Dan Dunn, Chair
Final Votes & Comments:	Article for Review - Article 22: Local Option Times
Corr. Received:	Invitation to Participate in Memorial Day Ceremony Jeffrey A. Chunglo, Director of Veterans' Services



TOWN OF ARLINGTON  
BOARD OF SELECTMEN

Meeting Minutes  
Monday, April 30, 2018  
7:15 PM

Present: Mr. Dunn, Chair, Mrs. Mahon, Vice Chair, Mr. Curro and Mr. Hurd  
Also Present: Mr. Chapdelaine, Mr. Heim, and Mrs. Krepelka  
Absent: Mr. Greeley

1. Receipt and Referral: Town Manager Evaluation Documents  
Daniel J. Dunn, Chair  
Mrs. Mahon moved to receive the evaluations and will discuss at a future meeting. SO VOTED (4-0)
  
2. For Approval: Annual Report on Symmes Fund  
Adam W. Chapdelaine, Town Manager  
Mr. Curro moved approval. SO VOTED (4-0)
  
3. For Approval: Comptroller Contract  
Mr. Curro stated the candidate did a great job on our assessment tool and has glowing references. Mr. Curro was very much impressed not only with her answers to the Committee's questions, but with the questions she asked them.  
Mr. Chapdelaine stated he was very impressed with her ability to speak the language of municipal finance so fluently.  
Mr. Curro moved to postpone until the next Board Meeting when we have a full Board SO VOTED (4-0)

**CONSENT AGENDA**

4. Request: Sidewalk Sale, 5/12/18 @ Body and Brain and Tai Chi, 325 Broadway  
Mary Jo Sargent  
Mrs. Mahon moved approval subject to all conditions as set forth. SO VOTED (4-0)

**EXECUTIVE SESSION**

Mrs. Mahon moved to convene in Executive Session to conduct a strategy session in preparation for negotiations with non-union personnel - Town Comptroller. Mrs. Mahon stated that when the Executive Session Meeting is over the Board would reconvene to go downstairs to attend the Annual Town Meeting.

Mrs. Krepelka took the roll call on the motion:

Mr. Hurd:	yes
Mr. Curro;	yes
Mr. Dunn;	yes
Mrs. Mahon;	yes



After discussing the contract agreement that the candidate is seeking, the Board asked the Town Manager to contact the candidate to discuss the Board's offering. Mr. Curro asked to postpone the discussion until the meeting of May 7th and that would give the Town Manager time to discuss further options with the candidate. Mrs. Mahon moved approval. SO VOTED (4-0)

On a motion made by Mrs. Mahon, seconded by Mr. Curro, the Board adjourn Executive Session at 8:50 p.m.

Mrs. Krepelka took the roll call on the motion.

Mr. Hurd: yes  
Mr. Curro: yes  
Mr. Dunn: yes  
Mrs. Mahon: yes

A true record: Attest

Marie A. Krepelka  
Board Administrator

4/23/18

Agenda Item	Documents Used
1	Town Manager Documents
2	Approval: Annual Report on Symmes Fund
3	Approval: Comptroller Contact
4	Report: Sidewalk Sale, 5/12/18 @Body and Brian and Tai Chi, 325 Broadway Mary Jo Sargent





## **Town of Arlington, Massachusetts**

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**For Approval: Sandwich Board for Bishop School PTO Bear Fair @ Intersection of Mystic Street and Ridge Street, 5/11/18 - 5/20/18**

**Summary:**

Jean Finochetti Clark, Bishop School PTO

**ATTACHMENTS:**

	Type	File Name	Description
▯	Reference Material	Bishop_School_PTO.pdf	Request from Bishop PTO



*Agenda*  
*5/8/18*

**From:** Jean Clark <jeanfclark@gmail.com>

**To:** Marie Krepelka <mkrepelka@town.arlington.ma.us>, Jennifer Badua <jlcb382@yahoo.com>

**Date:** 04/30/2018 09:45 AM

**Subject:** Bishop School

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Ms. Krepelka,

I'm writing on behalf of the Bishop school PTO to request permission from the Board of Selectmen for the temporary placement of a "sandwich board" sign on Mystic Street. The sign will state the following "Bishop School Bear Fair, Saturday, 25 Columbia Rd, 10-3". Our request is to place the sign on the traffic island at the corner of Mystic and Ridge Street, or if that location is not permissible, at the corner of Mystic and Columbia Rd. for the week preceding the fair (the fair is May 19th). Please inform me if this request will be granted. Thank you for your time.

Jean Finochetti Clark  
29 Ridge Street  
Arlington, MA. 02474

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Jean Clark





## Town of Arlington, Massachusetts

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### Request: Farmers' Market Winery Application - Sale of Wine

#### Summary:

Pony Shack Cider, Inc., Nathan J. McKinley  
22 Littlefield Road, Boxborough, MA 01719

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Pony_Shack_Winery_Application.pdf	Winery Application



**APPLICATION BY A FARMER WINERY FOR LICENSE TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

YEAR 20

18



**1. Licensee Information:**

ABCC License Number:  
(If Existing Licensee)

FW-LIC-000115

Name of Applicant: Pony Shack Cider, Inc.

Mailing Address: 22 Littlefield Road

Business Name (d/b/a if different):

Manager of Record: Nathan J McKinley

City/Town: Boxborough

State MA

Zip 01719

Phone Number of Premises: 781-367-4060

Other Phone:

Email:

nate@ponyshackcider.com

Website:

www.ponyshackcider.com

Contact Person concerning this application (attorney if applicable):

Name: Nathan J McKinley

City/Town:

Boxborough

State

MA

Zip

01719

Address: 22 Littlefield Rd

Email:

nate@ponyshackcider.com

Contact Number: 781-367-4060

Fax Number:

**2. Event Information:**

A. Farmer's Market licenses are only permitted at events that the Department of Agriculture has certified as Agricultural Events.

*Please attach document from Department of Agricultural Resources certifying that this is an agricultural event.*

Date(s) of Event:

June 13 2018 through October 31, 2018 on Wednesdays

**B. Contact person for applicant during event:**

Name: Nathan J McKinley

Phone number of contact:

781-367-4060

**C. Description of the premises within the Farmer's Market:**

Address of Premises for the Sale of Wine:

Russell Common Parking Lot, Mystic Street

City/Town:

Arlington

State

MA

Zip

02474

Phone Number of Premises:

781-646-4645

Describe Area to be Licensed:

The farmers market takes place in the Russell Common parking lot on Mystic Street in Arlington Center.



**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

**3. Existing License(s) to Manufacture, Export and Sell at Retail:**

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine to consumers: (Attach a copy of each license)

Name	License Type	License Address
Pony Shack Cider, Inc.	Farmer Winery	22 Littlefield Rd. Boxborough MA 01719

**4. Are you providing, without charge, samples of wine to prospective customers?**

Yes ☒ No ☐

*Section 15F specifically requires that "all samples of wine shall be served by an agent, representative or solicitor of the licensee."*

**A. If yes, please provide names and addresses of all agents, representatives and solicitors:**

Name	Address	ABCC License Number
Nathan J McKinley	22 Littlefield Rd Boxborough MA 01719	FW-LIC-000115

**B. Proof of Age for Sale to Consumers:**

Please identify all methods by which you will obtain proof of age before providing samples or making any sales of wine to consumers :

Proof of age will be conducted through the examining of state issued ID's or passports.

**5. Transportation and Delivery:**

Please identify in detail all persons or businesses that are licensed under M.G.L. c. 138, §22 that will be making any delivery of wine on your behalf to the Farmer's Market in Massachusetts.

Delivery of wine will be conducted by Pony Shack Cider, Inc. under the ABCC delivery license # SP-LIC-007830

\*If additional space is needed, please use last page.



**APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

**6. Safety and Tax Registration:**

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☐ No ☒ Registration Date:

**7. Disclosure of License Disciplinary Action:**

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled? Yes ☐ No ☒

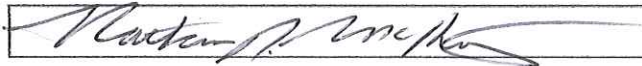
If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

**Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.**

Note: The LLA may require additional information.

Signature



Title

President

Date

4/19/18



# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 [www.mass.gov/agr](http://www.mass.gov/agr)



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lt. Governor

MATTHEW A. BEATON  
Secretary

JOHN LEBEAUX  
Commissioner

April 13, 2018

Nathan McKinley  
Pony Shack Cider  
22 Littlefield Rd.  
Boxborough, MA 01719

Re: Certification of Agricultural Event Pursuant to M.G.L. c. 138, Section 15F

Dear Mr. McKinley:

Please be advised that your application for certification of the Arlington Farmers' Market, on Wednesdays from June 13<sup>th</sup> 2018 to October 31<sup>st</sup> 2018 from 2:00 pm to 6:30 pm as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

A handwritten signature in black ink, appearing to read "John Lebeaux", written over a horizontal line.

John Lebeaux, Commissioner



# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



### Application for Certification of an Agricultural Event for the Sale of Wine

Pursuant to M.G.L. c. 138, Section 15F

\*To be completed by the licensed farm-winery and returned to:

By Mail: Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114

By Email: [Rebecca.Davidson@State.ma.us](mailto:Rebecca.Davidson@State.ma.us) with the subject line "Agricultural Event Certification"

(A separate application must be completed for each event)

In order for your application to be considered complete, you must include the following documents. Incomplete applications will not be accepted.

- ☒ Signed and dated application with farm-winery license number
- ☒ List of vendors with brief descriptions of products for current year/season
- ☒ Event operational guidelines or rules for current year/season
- ☒ Resume of event manager or description of experience
- ☒ Plan depicting the premises and specific location where the license will be exercised. See Template 1.
- ☒ Approval letter from event management including the name of the licensed farm-winery and the day(s), month and year of event. See Template 2.

#### 1. Applicant Information

Name of Licensed Farm-Winery Pony Shack Cider, Inc.

Farm-Winery License Number FW- LIC-000115

State of Issue MA

Contact Person Nathan J McKinley

Address 22 Littlefield Road

City Boxborough

State MA

Zip 01719

Phone Number 781-367-4060

Email nate@ponyshackcider.com

Correspondence preference ☐ Regular Mail

☒ Email

Note: Approval/denial letters will be sent regular mail.

Do you intend to sell, sample, or both? Check all that apply.

☒ Sell

☒ Sample

#### 2. Event Information

Name of Agricultural Event Arlington Farmers Market

Type of Event ☐ Agricultural Fair (as defined by MDAR policy)

☒ Farmers Market (as defined by MDAR policy)

☐ Other Agricultural Event

If you selected "Other Agricultural Event", how does this event promote local agriculture?

Event Address Russell Common Parking Lot, Mystic Street

City Arlington

State MA

Zip 02474

Event Phone Number 781-646-4645

Event Website

[www.farmersmarketarlington.com](http://www.farmersmarketarlington.com)



### 3. Event Description

What are the date(s) and time(s) of the event?

Start date 06 /13 /2018 End date 10 /31 /2018 Time 2:00pm-6:30pm  
Month Day Year Month Day Year

If this is a weekly event, on what day of the week does the event occur? Wednesday

If the event is an agricultural fair, does the event include competitive agriculture?

☐ Yes

☐ No

☒ N/A

Is the event sponsored or run by an agricultural/horticultural society, grange, agricultural commission or association whose primary purpose is the promotion of agriculture and its allied industries?

☐ Yes

☒ No

If yes, identify:

### 4. Event Management

Name of Event Manager Patsy Kraemer

Email Address patsy@patsykraemer.com

Phone Number 781-646- 4645

Is this person the on-site manager?

☒ Yes

☐ No

If no, identify on-site manager (include contact information):

If there are multiple managers, list them and include contact information:

Attach on-site manager(s) resume(s) or list any credentials or training of the on-site manager(s):

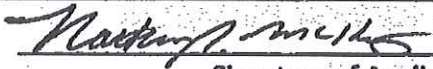
Relevant credentials include, but are not limited to, experience as a market manager, attendance at any market manager workshops, and experience with other agricultural events.

Attached



**5. General**

Attach or provide in the space below a plan depicting the premises and the specific location where the license will be exercised. See template for necessary elements to include.



Signature of Applicant

Nathan J McKinley

Name (please print)

FW-LIC-000115

Farm-Winery License Number

3/5/18

Date

President

Title (please print)

MA

State

**FOR DEPARTMENT USE ONLY****APPROVAL**

The event listed above is an approved agricultural event by the Massachusetts Department of Agricultural Resources under M.G.L. C138 Sec. 15F.

  
Signature

4/13/18

Date

**DENIAL**

The event listed above is not approved as an agricultural event by the Massachusetts Department of Agricultural Resources for the following reason(s):

Signature

Date



# The Commonwealth of Massachusetts

## Department of the State Treasurer

License Number: FW-LIC-000115

Record Number: 2017-000042-FW-REN

Capacity: 5K Gallons or Less



### Alcoholic Beverages Control Commission

Hereby Grants a Farmer-Winery License

Pony Shack Cider, Inc.

22 Littlefield Road Boxborough, MA 01719

This license authorizes the above-named holder: (1) to produce, rectify, blend, or fortify from fruits, flowers, herbs or vegetables wine containing not more than 24 percent of alcohol by volume at 60 degrees Fahrenheit; and, (2) to sell wine or winery products: (a) at wholesale to any person holding a valid wholesaler's and importer's license under section 18; (b) at retail or wholesale to a person in a state or territory in which the importation and sale of wine is not prohibited by law; and, (c) at wholesale to a person in any foreign country.

#### This license is subject to the following conditions:

1. The licensed premises and all books, records and other documents relating to the business authorized to be conducted under this license shall be subject to inspection at any time by any member of the Commission or any duly authorized agent thereof.
2. Alcoholic beverages shall not be kept or exposed for sale on premises other than those described in this license.
3. Alcoholic beverages shall not be sold delivered or furnished to any person under twenty-one years of age; or delivered by any person under eighteen years of age.
4. Sales and deliveries hereunder are authorized between the hours of 8:00 o'clock AM and 11:00 o'clock PM only.
5. The above-named holder must obtain a license issued under M.G.L. c. 138 §19F to sell at retail by the bottle to consumers, for consumption off the winery premises.

This license is issued conditionally and subject to the fact that there exists no breach of any condition of any previous license or violation of any law of the Commonwealth under any previous license and this license shall be subject to revocation, cancellation, modification or suspension for any such breach of condition or violation of law.

IN WITNESS WHEREOF, the undersigned have hereunto affixed their official signatures this March 23, 2016.

2018

This License will expire  
12/31/2018 unless otherwise  
suspended or revoked during this period

*Jean M. Lorizio*

Jean Lorizio, Chairman

*Elizabeth Lashway*

Elizabeth Lashway, Commissioner

*Kathleen McNally*

Kathleen McNally, Commissioner

This License Shall Be Displayed on the Premises in a Conspicuous Place Where It Can Be Easily Read.

Fee \$ 22.00





**CERTIFIED**

**eTIPS Off Premise 3.0**

**Issued: 12/11/2016**

**Expires: 12/11/2019**

**ID#: 4417087**

**Nathan McKinley**

**188 Picnic St**

**Boxborough, MA 01719-1105**

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





## **Town of Arlington, Massachusetts**

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**Request: Annual Greek Festival, May 31, 2018-June 3, 2018**

**Summary:**

Constandinos Ioakimidis, Parish Council President, St. Athanasius the Great, 4 Appleton Street

- a) 4-Day Special (One Day) Beer & Wine License
- b) 'One Way' designation of Appleton Place (from Mass. Ave. to Burton St.)
- c) Acton Place - street closing

**ATTACHMENTS:**

Type	File Name	Description
▣ Reference Material	St._Athanasius_Greek_Festival.pdf	Special Beer and Wine Application





Metropolis of Boston

# SAINT ATHANASIOS THE GREAT

GREEK ORTHODOX CHURCH

4 Appleton Street, Arlington, MA 02476

April 27, 2018

Dear Selectmen,

Our annual Greek Festival will be celebrated this year on Thursday, Friday, Saturday, and Sunday May 31, June 1, 2 & 3 2018 on our campus at 4 Appleton Street. Please accept our request for the following:

- Permission to serve wine and beer at our 4-day Festival 2018 event. The wine and beer bar will be strictly monitored and supervised by our Bar Manager, Mark Ypsilantis, and President of our Parish Council, Constandinos Ioakimidis. We've attached a completed Special License Application Packet with this request along with the \$125 fee and insurance documents covering the Town and Church.
- We ask for the authorization that Appleton Place, between Massachusetts Avenue and Burton Street, is designated a "One Way Street" heading up towards Burton Street, including the closing of Acton Place. This was put into practice the last several years during the festival, proving to be very successful in controlling traffic flow and alleviating congestion. We plan to have the appropriate police detail to further assist with matters in this area.

We are grateful for your ongoing support and look forward to welcoming you at our Annual Greek Food Festival.

Sincerely,

Constandinos Ioakimidis  
President-Parish Council



OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Dean Ioakimidis - President, Parish Council

Address, phone & e-mail contact information: 4 Appleton Street Arlington MA Cell: 781-844-8159  
Email: Dean@steveandsonsinc.com

Name & address of Organization for which license is sought: St. Athanasius the Great Greek Orthodox Church  
Arlington MA 02476

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

Name of Responsible Manager of Organization (if different from above):  
Bar Manager - Mark Ypsilantis (Tip Certified) & Asst. Manager Christian Makredes (Tip Certified)

Address, phone & e-mail contact information: 39 Maynard Street Arlington MA Cell: 781-724-6973; mypsilantis@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).  
THIS IS AN ANNUAL EVENT

Is this event an annual or regular event? If so, when was the last time this event was held and at what location?  
Yes Annual fest. Held last year June 1, 2, 3, 4 2017  
4 Appleton Street.

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

Title of Event: Arlington Greek Festival

Date/time of Event: May 31, June 1, June 2, & June 3 2018

Location of Event: 4 Appleton Street Arlington MA

Location/Event Coordinator: Dean Ioakimidis, Parish Council President

Method(s) of invitation/publicity for Event: Banners, Newspapers, Flyer's & Radios



Number of people expected to attend: Estimated 10,000 over 4 days

Expected admission/ticket prices: No admission cost

Expected prices for food and beverages (alcoholic and non-alcoholic): Beer \$6-\$9 - Wine \$7(glass), \$20-\$22 (poured bottle)  
Food Prices Range from \$6 - \$26.

Will persons under age 21 be on premises? YES

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Govt. issued ID required for purchase

Have you consulted with the Department of Police Services about your security plan for the Event?  
Yes the security plan has been forwarded for review.

#### 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.

Det. Corey P. Rataan Date 5-3-18  
Det. Corey P. Rataan  
Printed name/title

#### POLICE COMMENTS:

See attached schedule for modifications to safety  
details. Same schedule as used in the past. Mr.  
Tookimidis has been advised.

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 only

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

Greek cuisine & pastries along with soft drinks and water.

Who will be responsible for serving alcoholic beverages at the Event? All bar servers are over the age of 21  
and have 10-15 years experience serving beer and wine at this event.

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event.

Bar Manager - Mark Ypsilantis (TIP Certified) & Asst. Manager Christian Makredas (TIP Certified)



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.

Mark Ypsilantis, Age 53 (DOB 4/22/65); Randy Fassas, age 56 (DOB 6/27/62); Nick Ypsilantis, Age 60 (DOB 3/30/58),

Christian Makredes, Age 46 (DOB 8/26/72) Evan Ypsilantis, age 57 (11/12/59), David Schubert

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)) AKG Distributors (Greek Beer & Wine) & Anheuser Busch

Date of Delivery: May 30th 2018

Alcohol Serving Time (s): Thursday May 31 5pm - 9pm, Friday June 1 11am - 10pm

June 2 Saturday 11am - 10pm, June 3 Sunday 12pm - 8pm

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

Wholesaler will pick up all alcohol the day after the event on June 4th 2018.

Date of Pick-Up: June 4th, 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.) See attached documents.

**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: Dean Ioakimidis

Printed title & Organization name: Parish Council President, Saint Athanasius the Great Greek Orthodox Church

Email: Dean@steveandsonsinc.com



**2018 Greek Festival Detail Expenses**

Day	Detail #	Name	Start	Finish	Hours
Thursday	1	Officer	1500	1900	4
		Officer	1500	2400	8
Friday	2	Officer	2400	800	8
	3	Supervisor	1100	1500	4
		Officer	1100	1500	4
		Officer	1100	1500	4
		Officer	1100	1500	4
	4	Supervisor	1500	1900	4
		Officer	1500	1900	4
		Officer	1500	1900	4
		Officer	1500	1900	4
	5	Supervisor	1900	2300	4
		Officer	1900	2300	4
		Officer	1900	2300	4
		Officer	1900	2300	4
	Saturday	6	Officer	2400	800
7		Supervisor	1100	1500	4
		Officer	1100	1500	4
		Officer	1100	1500	4
		Officer	1100	1500	4
8		Supervisor	1500	1900	4
		Officer	1500	1900	4
		Officer	1500	1900	4
		Officer	1500	1900	4
9		Supervisor	1900	2300	4
		Officer	1900	2300	4
		Officer	1900	2300	4
		Officer	1900	2300	4
Sunday		10	Officer	2400	800
	11	Supervisor	1200	1600	4
		Officer	1200	1600	4
		Officer	1200	1600	4
		Officer	1200	1600	4
	12	Supervisor	1600	2000	4
		Officer	1600	2000	4
		Officer	1600	2000	4
		Officer	1600	2000	4
	TOTAL	8 Supervisors and 29 Officers			





Metropolis of Boston

## SAINT ATHANASIOS THE GREAT

GREEK ORTHODOX CHURCH

4 Appleton Street, Arlington, MA 02476

### Greek Festival 2018 - Security Plan

**Event Dates: May 31, June 1, 2 & 3**

*Thursday May 31, 5pm to 9pm*

*Friday June 1, 11am to 10pm*

*Saturday June 2, 11am to 10pm*

*Sunday June 3, 11am to 8pm*

Saint Athanasios the Great Greek Orthodox Church also known as the Greek Orthodox Church of Arlington believes in providing a safe, secure and pleasant experience for all that attend our annual Greek

Festival. Below is our detailed plan for this year's event.

#### Crowd control

Police officers will be present at all times during the event. Police details will follow the current staffing plan as in previous years.

Only one bar will be located in the main tent right after the main food line. A photo copied driver's license of all listed bar tenders and a photo copy of certification of those who are all T.I.P.S. certified will be made so that it can be presented to the board of selectmen. At least one T.I.P.S certified volunteer will be present at all times at the bar area.

#### Thursday – May 31 Hours of Operation from 5:00pm – 9:00pm

Festival will open with limited scope; only Gyro, Souvlaki, Wraps and Bar sections will be open. We expect significantly lighter crowds during this night.

One officer posted at the main entrance to the tent 5:00pm – 9:00pm.

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

#### Friday – June 1 Hours of Operation from 11:00am – 10:00pm

One officer posted at the main entrance to the tent 12:00pm – 10:00pm.

One officer patrolling the tent from 3:00pm – 11:00pm

One officer patrolling the Acton Place side 1:00pm – 10:00pm

Additional detail - Rank of Sargent or higher during posted hours of operation (per A.P.D. policy 3 or more details require a shift commander)

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.



**Saturday - June 2 Hours of Operation from 11:00am – 10:00pm**

One officer posted at the main entrance to the tent 12:00pm – 11:00pm.

One officer patrolling the tent from 12:00pm – 10:00pm

One officer patrolling the Acton Place side by the children's activity area from 1:00pm -10:00pm.

Additional detail - Rank of Sargent or higher during posted hours of operation (per A.P.D. policy 3 or more details require a shift commander)

One officer providing overnight coverage from 11:00pm – 7:00am to ensure all products and vendor areas are secure.

**Sunday - June 3 Hours of Operation 12:00pm – 8:00pm**

One officer posted at the entrance to the tent 12:00pm – 8:00pm.

One officer patrolling the tent area in the vicinity of the bar area 12:00pm – 8:00pm.

No overnight coverage required.

Cash Handling will be handled by St. Athanasius the Great Parish Council Treasurers. Random times will be selected and all deposits will be coordinated with the Arlington

Police Department to ensure the proper escort is provided. Further details can be given to the Arlington Police Department once they are on site.

**Dealing with unruly patrons**

Any patron of the St. Athanasius the Great Greek Festival will be spoken to by a authorized manager of the event with the presence of a Arlington Police officer. Once the situation is assessed and it is determined that the person or persons are no longer welcomed at the Greek festival they will be asked to leave St. Athanasius property.

**Emergency evacuations**

In the event of an emergency situation or natural disaster all patrons and volunteers will be instructed to seek safe shelter in the lower level of St. Athanasius the Great Church and the lower level of 10 Acton Street (St. Athanasius School building). All St. Athanasius volunteers will be instructed by the event manager along with the board of directors to direct all patrons to safe shelter points.

**Traffic/parking considerations**

A request is formally made to the Arlington Board of Selectmen each year to turn Appleton place into a one way starting on Friday, June 1, 2018 – Sunday June 3, 2018. The one way will go from Massachusetts avenue towards Quincy street. Signage is provided from the Arlington DPW for all streets leading to Appleton Place. These streets include but are not limited to: Burton Street, Fresenden, Acton, Quincy, Massachusetts Avenue and Appleton Place.

Parking along the side of the church on Appleton Place from Massachusetts Avenue to the first entrance of the church parking lot will be reserved for people with state issued handicap plates. St. Athanasius the Great will provide all handicap parking signs for the areas indicated above.

The upper church parking lot and on street parking will be primarily used for this event. All abutters will receive advanced notices as in years past. Signage at the entrances to the tent will give all patrons advance notice to respect parking regulations in the neighborhood and the Town of Arlington.



**Controlling access to alcohol by under aged persons.**

A bar manager will be present at all times during the event. T.I.P.S. certified staff will be present at all times and will ensure proper policies and state laws are being adhered to. At any time St. Athanasius and its bar staff reserve the right to stop the sale of alcohol to any persons who do not have a state issued license or if the bar tender (using his training skills) does not feel comfortable serving a patron. All patrons looking to purchase alcohol will be asked to provide proper state issued identification. All alcohol will be secured and only bar managers will have authority to control inventory. Persons 21 or older will only be served alcohol per Massachusetts State Law. Only one bar will be located in the main tent right after the main food line. A photo copied driver's license of all listed bar tenders and a photo copy of certification of those who are all T.I.P.S. certified will be made so that it can be presented to the board of selectmen. At least one T.I.P.S certified volunteer will be present at all times at the bar area.



# Certificate of Completion

This Certificate of Completion of  
eTIPS On Premise 2.0  
provided by Health Communications, Inc.  
is hereby granted to:

Mark Ypsilantis

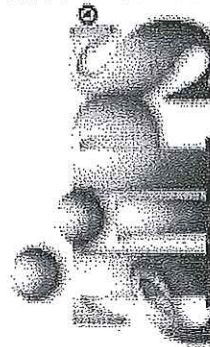
For coursework completed on May 31, 2015

Certification documents to be sent to:  
39 Maynard St., Arlington, MA 02474-2317

**HeH**

HEALTH COMMUNICATIONS, INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be furnished to you.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/01/2018PRODUCER (212) 406-4004  
Compass Rose and Sons, Inc.THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.80 Maiden Lane, Room 701  
New York, NY 10038-

INSURED

St. Athanasios The Great Greek Orthodox Church

4 Appleton Street

Arlington, MA 02476-

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great American Ins Co

16691

INSURER B: Fireman's Fund

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY	PAC 0255589	03/06/2018	03/06/2019	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 10,000
		<input checked="" type="checkbox"/> Liq Liab Agg \$3000000		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
				/ /	/ /	Liquor Liability 1,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	
				/ /	/ /	
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	OTHER THAN EA ACC \$
				/ /	/ /	AUTO ONLY: AGG \$
B		EXCESS / UMBRELLA LIABILITY	SSE-000-4901-0903	03/06/2018	03/06/2019	EACH OCCURRENCE \$ 10,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE \$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /	\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000		/ /	/ /	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		/ /	/ /	E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
				/ /	/ /	
				/ /	/ /	

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Below Certificate holder, for the period May 20, 2018 through June 9, 2018 including set up and take down, with regard to the Greek Food Festival.

## 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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)  
INS025 (200901)

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## **Town of Arlington, Massachusetts**

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**Request: Special (One Day) Beer & Wine License, 5/11/18 @ Robbins Memorial Town Hall for Boys & Girls Club 80th Birthday Celebration**

**Summary:**

Derek Curran, Arlington Boys & Girls Club

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Boys_and_Girls_Club_Special_App..pdf	Special Beer and Wine Application



OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant:

Derek Curran, Arlington Boys & Girls Club

Address, phone & e-mail contact information:

60 Pond Lane, Arlington, Ma 781-648-1617 dcurran@abgclub.org

Name & address of Organization for which license is sought:

same

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

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

Jodi Auerbach, Something Savory Catering

Address, phone & e-mail contact information:

1337 Mass. Ave., #235, Arlington, Ma. 617-549-2599 jodi@somethingsavory.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 on Event date:

617-549-2599



Title of Event:

Boys & Girls Club 80th Birthday Celebration

Date/time of Event:

Friday May 11, 2018 7:00 pm - 10:00 pm

Location of Event: Arlington Town Hall

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

Method(s) of invitation/publicity for Event:

Invitation

Number of people expected to attend: 250

Expected admission/ticket prices: \$50

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

\$5 for beer and wine

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.

Off. Corey P. Rataeau Date 4/26/18  
Off. Corey P. Rataeau  
Printed name/title

POLICE COMMENTS:

Request at least one police details  
Request Fire detail (Crowd manager)  
TEPS Certification and bartender name needed



all-alcohol Special Licenses are available only to nonprofit organizations.)

beer/wine

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

savory/sweet tapas menu with waters/sodas

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

Something Savory Caterers

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)):

Adonna Imports LLS Waltham - WM-LIC - 000290

Date of Delivery: Friday, May 11, 2018

Alcohol Serving Time (s) 7:00 pm - 10:00 pm

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

Adonna will take back what is not used.

Date of Pick-Up:

Mon. May 13, 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: Derek Curran

Printed title & Organization name: \_\_\_\_\_

Email: dcurran@abgclub.org

revised: 5/18/2015 reformatted: 02252018



it with you as proof of your TIPS certification.

ID#: 4720949 Name: Bonnie Sue Tomassian  
Exam Date: 2/1/2018 Expiration Date: 2/1/2021

**TIPS**<sup>®</sup> eTIPS On Premise 3.0

**CERTIFIED**

Issued: 2/1/2018

Expires: 2/1/2021

ID#: 4720949

Bonnie Sue Tomassian  
Something Savory LLC  
1337 Massachusetts Ave  
Arlington, MA 02476-4101

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



eTIPS Certification Card

<https://w3.certegy.com/cp3.nsf/RetirDocument?OpenAgent&DMI=>

Close Window

This card is only valid for use online - and cannot be used as proof of certification except from within Certification Manager

**CERTIFIED**

**iTIPS** eTIPS On Premise 3.0

Expires: 01/21/2020

Issued: 01/21/2017

ID#: 4438835

Sheila Reynolds

237 Grove St  
Waltham, MA 02453-6548 USA

Online Use Only  
Valid in Print



# Certificate of Completion

This Certificate of Completion of

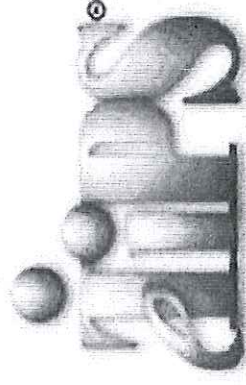
**eTIPS On Premise 3.0**

For coursework completed on February 6, 2017  
provided by Health Communications, Inc.  
is hereby granted to:

**Robyn Goodner**

Certification to be sent to:

65 Colby St  
Medford MA, 02155-6008 USA



HEALTH COMMUNICATIONS INC.

This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.





**ROBBINS MEMORIAL TOWN HALL AUDITORIUM**  
730 Massachusetts Avenue, Arlington, Ma. 02476

**SECURITY PLAN FOR - Boys/Girls Club Eightieth Birthday Celebration**

An Eightieth Birthday Celebration dinner event sponsored by the Arlington Boys and Girls Club will be held on Friday, May 11, 2018, at Arlington Town Hall. The event is scheduled for 7:00 pm to 10:00 pm.

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

This is the Security Plan.

We anticipate approximately 250 guests to attend. Some attendees/helpers will be under the age of 21.

Patsy Kraemer will be the event coordinator for the event. Greg Stathopoulos will be the custodian for the event. Something Savory Caterers will be catering the event, will provide the bartending service and will provide the TIPS certified bartending staff. The Boys & Girls Club planning committee is responsible for ensuring that the event runs smoothly.

A fire services detail will be hired for the event. This officer will be available to help with any emergency situations that may arise. A police detail also will be hired based on the number of anticipated attendees.

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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/16/2018

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> T. Edmund Garrity & Co., Inc. 545 Concord Avenue, Suite 16  Cambridge MA 02138		<b>CONTACT NAME:</b> Cristina Medeiros <b>PHONE (A/C, No, Ext):</b> (617)354-4640 <b>FAX (A/C, No):</b> (617)354-5828 <b>E-MAIL ADDRESS:</b> cristina@garrity-insurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Travelers Indemnity Co CT	
		<b>INSURER B:</b>	
		<b>INSURER C:</b> Hospitality Mutual	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** Master COI 2018 **REVISION NUMBER:**

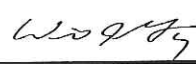
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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			6607B769370	04/20/2017	04/20/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							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 - COMP/OP AGG	\$ 2,000,000
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Liquor Liability			00061130LL	12/16/2017	12/16/2018	Per 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)

Town of Arlington is listed as additional insured for general liability and liquor liability.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington   Arlington MA	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**

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**Request: Special (One Day) All Alcohol License, 5/13/18 @ Whittemore Robbins House for a Private Event**

**Summary:**

Michele Kotiuga

**ATTACHMENTS:**

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



OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Michele Kotinga

Address, phone & e-mail contact information: 159 2nd Street Apt. 604  
Jersey City, NJ 07302 ; 017-365-8772 ;

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):

Gary Clemenzi with Vinwood Caterers

Address, phone & e-mail contact information: 64 East Water St. North  
Andover, MA 01845 ; 978-270-7681, gary@vinwood.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? \_\_\_\_\_

24-Hour contact number for Responsible Manager of Alcohol Event date: 978-270-7681

Title of Event: Wedding Reception

Date/time of Event: May 13, 2018 ; 4pm - 12am

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: 110

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 - 8 ages 6-10 and 1 age 17

If "yes," please detail plan to prevent access of minors to alcoholic beverages. Certified TIPS bartenders will follow rules and regulations for 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.

PEX

Date 04-23-18

LT CONROY  
Printed name/title

OIC / TRAFFIC, DETAILS, + LICENSING UNIT

**POLICE COMMENTS:**

APPLICANT MUST CONFORM TO ALL LOCAL + STATE 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, full bar service

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

see attached menu

Who will be responsible for serving alcoholic beverages at the Event? John Hickox and Donald Rogers - bartenders

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.

eTIPS on Premise 3.0 (JH)

eTIPS on Premise 2.0 (DR)



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.

John Hickox  
Donald Rogers

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)) Rappys in Everett

Date of Delivery: May 13, 2018  
Alcohol Serving Time (s): 6pm - 10:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of?  
opened/unused will be placed in trunk of designated person  
by the responsible manager. & unopened will be  
picked up by Rappys.

Date of Pick-Up: May 14, 2018

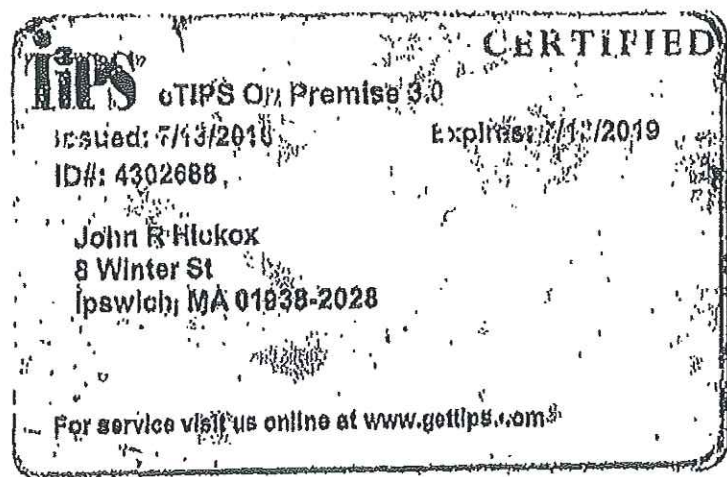
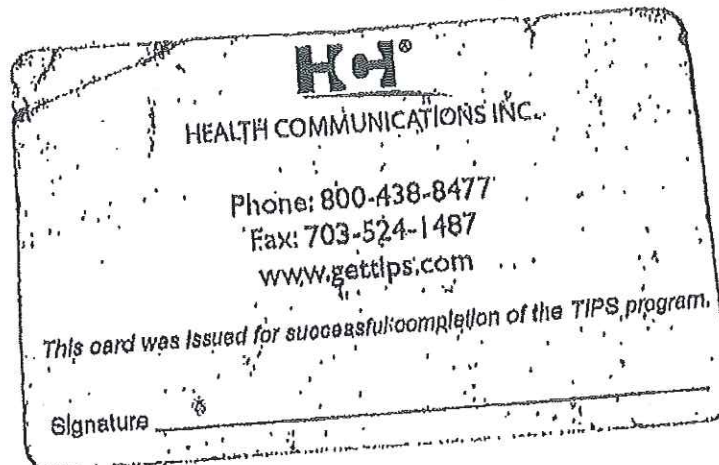
Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) General / Liquor Liability Insurance  
Tips Certificate

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: Michele Kotiuga  
Printed name: Michele Kotiuga  
Printed title & Organization name: Wedding Reception  
Email: m Kotiuga@gmail.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.

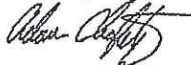
### Congratulations!

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.

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.

<b>TIPS®</b>	<b>eTIPS On Premise 2.0 SSN:</b>	<b>XXX-XX-XXXX</b>
<b>Issued:</b>	<b>4/19/2016</b>	<b>Expires:</b> <b>4/19/2019</b>
<b>ID#:</b>	<b>4233730</b>	<b>D.O.B.:</b> <b>XX/XX/XXXX</b>

Donald Rogers  
Vinwood Caterers  
3 Union St  
Ipswich, MA 01938-2221

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



Michele Kotiuga  
Jersey City, NJ 07302

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

SECURITY PLAN FOR WEDDING RECEPTION

A Wedding Reception will be held on Sunday, May 13, 2018 from 4:00pm-12:00am at the Whittemore Robbins House. Alcohol service will run from 6:00pm-10:30pm.

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

This is the Security Plan.

We anticipate approximately 110 guests to attend. There will be 8 guests under the age of 21. Age ranges from 6 years old to 17 years old.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Whittemore Robbins House. Vinwood Catering will provide the food and alcohol service. John Hickox and Donald Rogers are the TIPS certified bartenders. Gary Clemenzi, is the Responsible Manager. Responsible Manager and bartenders, catering company servers and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in Whittemore Robbins House and Robbins Library parking lots, and on the side streets, as well as Massachusetts Avenue.

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





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nicholas A. Consoles Insurance Agency, Inc. 200 Lake Street 201B Peabody, MA 01980	CONTACT: Gail Conlin PHONE (A/C No. Ext): 978-223-4037 FAX (A/C No.): 978-658-6389 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE: _____ NAME # INSURER A: Travelers Casualty Company INSURER D: Travelers Indemnity Company INSURER C: Hartford Insurance Company of the Midwest INSURER P: Illinois Union Insurance Company INSURER E: _____ INSURER F: _____
INSURED Vinwood Food Services, Inc.  3 Union Street Ipswich, MA 01938	

## 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.

INSTR. LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		6808K816312	04/13/2018	04/13/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Eq. occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 OTHER: _____
A	<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		BA8K816489	04/13/2018	04/13/2019	COMBINED SINGLE LIMIT (Eq. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
B	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> RETENTION \$ 5,000 CLAIMS-MADE <input type="checkbox"/> OCCUR		CUP8K816570	04/13/2018	04/13/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	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	08WECAB4MDV	04/13/2018	04/13/2019	PER STATUTE <input checked="" type="checkbox"/> OTH-ER _____ E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Liquor Law Liability		LQRMAL144202894	04/17/2018	04/17/2019	Each Common Cause 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)

Whitmore Robbins House and the Town of Arlington are included as additional insured with respects to the General Liability Policy and Liquor Liability Policy.

## CERTIFICATE HOLDER

## CANCELLATION

Whitmore Robbins House  
670R Mass 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**

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**Request: Special (One Day) Beer & Wine License 5/26/18 @ Robbins Memorial Town Hall for a Private Event**

**Summary:**

Margaret Downes

**ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Downes_Wedding_Special_One_Day.pdf	Special Beer and Wine Application



OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant:

Margaret Downes,

Address, phone & e-mail contact information:

46 Walnut Ave., Andover, Ma. 978-470-3695 mbmd44@yahoo.com

Name & address of Organization for which license is sought:

MARGARET DOWNES

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

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

Peter Krzenski, Party Bar

Address, phone & e-mail contact information:

23 Tobin Ave., North Chelmsford, Ma. 978-758-7002 info@thepartybar.biz

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 on Event date:

978-758-7002





Title of Event:

wedding

Date/time of Event:

Saturday, May 26, 2018 5:00 pm -10:00 pmLocation of Event: Arlington Town HallLocation/Event Coordinator: Patsy Kraemer/Vicki Rose/Sheelah Ward

Method(s) of invitation/publicity for Event:

InvitationNumber of people expected to attend: 180Expected admission/ticket prices: n/a

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

n/aWill persons under age 21 be on premises? no

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.

OFC. Corey P. RoteauDate 5-3-18OFC. Corey P. Roteau  
Printed name/title**POLICE COMMENTS:**Request for crowd manager detail. Request at least one police safety detail.



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

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

full dinner menu waters/sodas

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

The Party Bar bartending service

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):

Kappy's On Line Service

Date of Delivery: Sat. May 26, 2018

Alcohol Serving Time (s) 5:00 pm - 9:30 pm

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

Kappy's will take back what is not used.

Date of Pick-Up:

Tues. May 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.)

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: Megan Downes, Dan Berry, Margaret Downes

Printed title & Organization name: \_\_\_\_\_

Email: mbmd44@yahoo.com

revised: 5/18/2015 reformatted: 02252018



# Certificate of Completion

This Certificate of Completion of  
**eTIPS On Premise 3.0**  
For coursework completed on March 17, 2018  
provided by Health Communications, Inc.  
is hereby granted to:

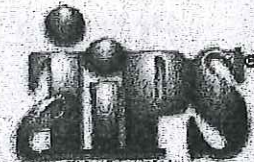
**Peter Krzesinski**

Certification to be sent to:

**199 Aiken Ave Apt 22  
Lowell MA, 01850-1561 USA**



HEALTH COMMUNICATIONS INC.



This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.





eTIPS On Premise 2.0 SSN:

8/12/2015

Issued:

4056050

ID#:

XXX-XX-XXXX

8/12/2018

Expires:

XX/XX/XXXX

D.O.B.:

Leslie Welch  
9 Woodbury Road  
Billerica, MA 01821

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





**ROBBINS MEMORIAL TOWN HALL AUDITORIUM**  
730 Massachusetts Avenue, Arlington, Ma. 02476

**SECURITY PLAN FOR DOWNES BERRY WEDDING**

A wedding for Megan Downes and Dan Berry will be held on Saturday, May 26, 2018, in the auditorium at Arlington Town Hall. The event is scheduled for 5:00 pm to 10:00 pm.

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

This is the Security Plan.

We anticipate approximately 180 people to attend.

Vicki Rose will be the event coordinator for the event. The caterer is J&LCatering and The Party Bar will provide bartender service. Greg Stathopoulos will be the custodian for the event. The Downes and Berry families will be responsible to ensure that the event runs smoothly.

A police detail will be hired for the event (if required) and a fire services detail will be hired for the event. These officers 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/24/2018

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> Malcolm & Parsons Insurance Agency 713 Washington Street P.O. Box 527 Stoughton MA 02072	<b>CONTACT NAME:</b> Jaime Gonsalves <b>PHONE (A/C, No, Ext):</b> (781) 344-3200 <b>E-MAIL ADDRESS:</b> jll@malcolmandparsons.com <b>FAX (A/C, No):</b> (781) 344-1425														
<b>INSURED</b> Peter Krzesinski, DBA: The Party Bar 23 Tobin Ave North Chelmsford MA 01863	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Hospitality Mutual Insurance</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hospitality Mutual Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Hospitality Mutual Insurance															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**

CERTIFICATE NUMBER: Master 7/24/17

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>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<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> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						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 Y/N <input type="checkbox"/> 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 \$
A	<b>Liquor Liability</b>			00079900LL	7/14/2017	7/14/2018	Per 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)

Bartender

Town of Arlington additional insured with respect to Liquor Liability for the event scheduled for 05/26/2018.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington  
Arlington Town Hall  
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

Anne Parsons/JAIME

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/26/2018

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> D FRANCIS MURPHY INSURANCE AGENCY INC  50 MAIN ST HUDSON MA 01749		<b>CONTACT NAME:</b> Brittany Tarves <b>PHONE (A/C, No, Ext):</b> (508) 787-5107 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> btarves@dfmurphy.com																						
<b>INSURED</b> JOHN BOARDMAN J & L CATERING 112 MAIN STREET MEDWAY MA 02053		<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>AIM MUTUAL INS CO</td><td>33758</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	AIM MUTUAL INS CO	33758	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	AIM MUTUAL INS CO	33758																						
INSURER B:																								
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES**

CERTIFICATE NUMBER: 262349

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			N/A			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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			N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$			N/A			EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	N/A	VWC10060171562018A	02/15/2018	02/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000
				N/A			

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

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at [www.mass.gov/lwd/workers-compensation/investigations/](http://www.mass.gov/lwd/workers-compensation/investigations/).

Sole proprietor has not elected coverage.

**CERTIFICATE HOLDER****CANCELLATION**

Town of Arlington 730 Massachusetts Ave  Arlington MA 02474	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  Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA

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## **Town of Arlington, Massachusetts**

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### **Request: Contractor/Drainlayer License**

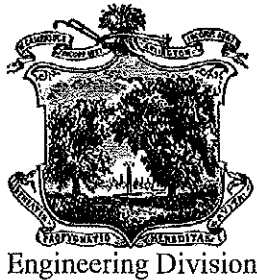
#### **Summary:**

Parkside Utility Construction LLC, 125 King Philip Street, Providence, RI

#### **ATTACHMENTS:**

	Type	File Name	Description
▢	Reference Material	Parking_Utility_Construction.pdf	Engineering recommendation, Town application





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: May 3, 2018

Dear Honorable Board Members,

Reference is hereby made to an application by Dan Rocha of Parkside Utility Construction LLC to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

Parkside Utility Construction LLC  
125 King Philip St.  
Providence, RI 02909  
John Rau  
Phone: 978-264-0044  
Email: john.rau@parksideutil.com

As a previously approved contractor in good standing and upon review of references, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

A handwritten signature in black ink, appearing to read "J. Szafarowicz".

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: Parkside Utility Construction LLC

Select One: ☐ Corporation ☐ Partnership ☐ Proprietorship ☒ Other: LLC

Street Address: 125 King Philip St City/Town: Andover State: MA

Primary Phone: (617) 982-7395 E-mail: JOHN.RAO@PARKSIDEUTIL.COM

Length of Time in Business under the same Firm Name: 30 years

Full Name(s) of Principal(s): Dan Rocha

Primary Contact Person: John Rao

### Experience/Previous Work

Nature of Typical/Standard Work: MAINTAIN VERIZON BURIED UTILITIES NEW & OLD

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

If Yes, Please provide Location: VARIOUS Approximate Date: ENTIRE 2017-16

Total Amount of such construction this year: N/A

Total Amount of such construction last year: SAME AS NEEDED PER YEAR

Total Amount of such construction next previous year:

### Municipal References - Please Attach Written Reference Letters

Municipality: \_\_\_\_\_

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

Municipality: \_\_\_\_\_

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

Municipality: \_\_\_\_\_

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

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

Bank Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ Date: 3/7/16

Reset Form

Print Form





## Town of Arlington, Massachusetts

---

### Board of Youth Services

#### Summary:

Laura Pierce (term to expire 1/31/2021)

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Pierce_appt.pdf	Reference





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 20, 2018

TO: Board Members

SUBJECT: Appointment to the Board of Youth Services

This memo is to request the Board's approval of my appointment of Laura Pierce, Arlington, MA, to the Board of Youth Services with a term expiration date of 1/31/2019.

  
Town Manager



## **Laura Pierce**

, Arlington, MA 02474

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### **EXPERIENCE**

#### **Floating Hospital for Children at Tufts Medical Center, May 2012-Present**

##### *Marketing and Communications Manager*

- Service line marketing manager for entire pediatric enterprise including pediatric cardiology, neurology and hematology/oncology as well as service line manager for all women's health outreach. Creating and implementing data-driven, strategic marketing plans to target key patient and referring physician audiences. Tactics include referral tools, patient guides, social media, collateral, community engagement opportunities, videography, photography and more.
- Managing Floating Hospital for Children brand advertising, lead role in major branding initiative. Worked closely with Senior Leadership on brand research, determination of a brand position for pediatric enterprise, creative development, operationalizing that position and determining a marketing/communications rollout. Manage relationships and budgets with multiple agencies.
- Other work includes working in partnership with referring physician liaisons and business development team to develop strategic outreach initiatives for referral community and Tufts MC/Floating network.
- One of 17 employees hospital-wide honored with the 2016 "Tufts MC True Blue Award" for my work leading "You Don't Have to Be Big to Be Strong" advertising campaign for Floating Hospital. leading the website redesign. This award recognizes those who have gone above and beyond for the medical center.

#### **Marketing Consultant, 2007-2011**

##### *Self-employed marketing consultant*

- Developed marketing strategy, messaging, brand development for multiple healthcare clients including McLean Hospital and North Shore Medical Center

#### **O'Neill and Associates, 2001-2007**

##### *Vice President*

- Created and executed strategic public relations plans for numerous clients including Sovereign Bank, Ocean Spray and New England Seafood Producers Association
- Oversaw the strategic management of accounts
- Assisted clients in crisis communications
- Managed and developed account staff

#### **Triple Dot Communications, January 1998-January 2001**

##### *Account Director*

- Developed and implemented public relations campaigns for agency's signature clients including Ben & Jerry's, Eastpak, Inc. and Converse
- Oversaw day to day account management and budget
- Copy writer, event management and media training



**EDUCATION**

**University of Massachusetts, Amherst, Massachusetts, Graduated: May, 1994**

Bachelor of Arts

Major: Psychology and Theatre

**Study Abroad: Hebrew University (Jerusalem, Israel), Spring, 1993**

**SKILLS**

- Marketing Strategy and data-driven planning
- SEO, SEM
- Advertising and brand development
- Content marketing and healthcare writing
- Crises communications and media

**ACTIVITIES**

**Temple Emunah, Lexington, MA, 2016-Present**

*Board Member, Chair of Youth Committee*

**Temple Emunah, 2013-2015**

*Co-Chair, Ways and Means*

**Bishop School PTO, Arlington, MA 2013-2015**

Recording Secretary



## OFFICE OF THE BOARD OF SELECTMEN

DANIEL J. DUNN, CHAIR  
DIANE M. MAHON, VICE CHAIR  
KEVIN F. GREELEY  
JOSEPH A. CURRO, JR.  
JOHN V. HURD



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

TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

April 23, 2018

Laura Pierce  
42 Draper Avenue  
Arlington, MA 02474

Re: Appointment: Board of Youth Services

Dear Ms. Pierce:

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, May 7th at 7:00 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 Mary Ann or Fran at the above number.

Thank you.

Very truly yours,  
BOARD OF SELECTMEN

A handwritten signature in cursive script that reads "Marie A. Krepelka".

Marie A. Krepelka  
Board Administrator

MAK:fr





## Town of Arlington, Massachusetts

---

### For Approval: Food Vendor License

#### Summary:

Arlington Convenience, 245 Massachusetts Avenue, Davinder Sharma

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	License_Application_Report_-Arl_Convenience.doc	Application Report Summary
▢	Reference Material	Arlington_Convenience_Application_.pdf	Application
▢	Reference Material	inspection_reports_-_Arl_Convenience.pdf	Inspection Reports



## LICENSE APPLICATION REPORT

Arlington Convenience – 245 Massachusetts Avenue

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

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

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

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



**OFFICE OF THE BOARD OF SELECTMEN**

730 Massachusetts Avenue

Town of Arlington

Massachusetts 02476-4908

(781) 316-3020

(781) 316-3029 fax

**\$60.00 Filing Fee**

**Inspections Dept. at 51 Grove St. must review completed application before returning to this office.**

**APPLICATION**

*To the Licensing Authorities of the Town of Arlington*

The Undersigned hereby makes application for a

☒ **COMMON VICTUALLER LICENSE (Eat In)**

☒ **FOOD VENDOR LICENSE (Take Out Only)**

Location 245 - MASS AVE

Name of Applicant DAVINDER SHARMA

Corporate Name (if applicable) S & S CONVENIENCE CORP.

D/B/A ARLINGTON CONVENIENCE

Date 4/2/2018

I/We 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 may establish. With the signing of this application, the applicant acknowledges that:

(A) it is understood that the Board is not required to grant the license.

(B) no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Board of Selectmen, and, furthermore, any work done is done at the applicant's risk, and

(C) in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Board of Selectmen a thirty day notice of his intention to sell same before such application will be acted upon by the Selectmen.

(D) that the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Signature Name  DAVINDER SHARMA

Signature Name \_\_\_\_\_

Phone (Home) 781-395-2517 (Business) 781-641-3560



INFORMATION RELATIVE TO APPLICATION

Breakfast

Yes \_\_\_ No ☒

Lunch

Yes \_\_\_ No ☒

Dinner

Yes \_\_\_ No ☒

Do you own the property? Yes \_\_\_ No ☒ Tenant At Will \_\_\_ Lease 4+4 (years)

Hours of Operation:

Day MONDAY - SUNDAY Hours 7 AM - 11 PM

Day \_\_\_\_\_ Hours \_\_\_\_\_

Day \_\_\_\_\_ Hours \_\_\_\_\_

Floor Space 2482 Sq. Ft. Seating Capacity (if any) N/A

Parking Capacity (if any) 10 spaces Number of Employees 3-4

List Cooking Facilities (and implements)

N/A

Will a food scale be in use for sale of items to the public? Yes \_\_\_ No ☒

Will catering services be provided by you? Yes \_\_\_ No ☒

**Eight copies of the following items must be submitted with the application:**

1. ☒ Layout Plan of Facility & Fixtures Date Received \_\_\_\_\_

2. ☒ Site Plan (obtained at Bldg. Dept., 51 Grove St.) Date Received \_\_\_\_\_

3. ☒ Outside Facade and Sign Plan (dimensions, color) Date Received \_\_\_\_\_

4. ☒ Menu N/A Date Received \_\_\_\_\_

5. ☒ Maintenance Program Date Received \_\_\_\_\_

If the facilities are not yet completed, provide estimated cost of work to be done \$ \_\_\_\_\_

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Board of Selectmen for approval:

Date \_\_\_\_\_ Time \_\_\_\_\_

Board Action: Approved Yes \_\_\_\_\_ No \_\_\_\_\_



Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

=====

Name <u>DAVINDER SHARMA</u>	Name <u>TARSEM SINGH</u>
Address <u>43 - SIXTH ST.</u>	Address <u>2 - MARCY ST.</u>
City <u>MEDFORD</u> Zip <u>02155</u>	City <u>WOBURN</u> Zip <u>01801</u>
DESCRIPTION OF APPLICANT	DESCRIPTION OF APPLICANT
Born in the U.S., Yes _____ No <u>✓</u>	Born in the U.S., Yes _____ No <u>✓</u>
Born Where <u>INDIA</u>	Born Where <u>INDIA</u>
Date of Naturalization <u>11/23/1998</u>	Date of Naturalization <u>3/31/1999</u>
Male or Female <u>MALE</u>	Male or Female <u>MALE</u>
Date of birth <u>05/18/1957</u>	Date of birth <u>02/16/1964</u>
Photo <i>1 inch by 1 inch</i>	



*The Establishment shall operate as:*

✓ Sole Ownership ✓ Partnership ✓ Total Number of Partners ✓

✓ Corporation Based in MA

**(Once approved, please go to Clerk's Office for Business Certificate)**

=====

*Corporate Information Required:*

President	<u>DAVINDER SHARMA</u>	<u>43 - SIXTH ST. MEDFORD</u>	<u>02155</u>
Secretary	<u>DAVINDER SHARMA</u>		
Treasurer	<u>TARSEM SINGH</u>	<u>2 - MARCY ST. WOBURN MA</u>	<u>01801</u>
	Name	Address	Zip



## Food Business Experience of Applicant

① From 5/1/2000 to UNTIL NOW  
Employee TARSEM SINGH D/B/A BOYLES FAMILY MARKET  
Sole Owner \_\_\_\_\_ Location 64-BROADWAY, ARLINGTON  
Partnership \_\_\_\_\_ Type Food CONV. STORE/DELI  
Corporation BSSM INC Number of Employees 7-8

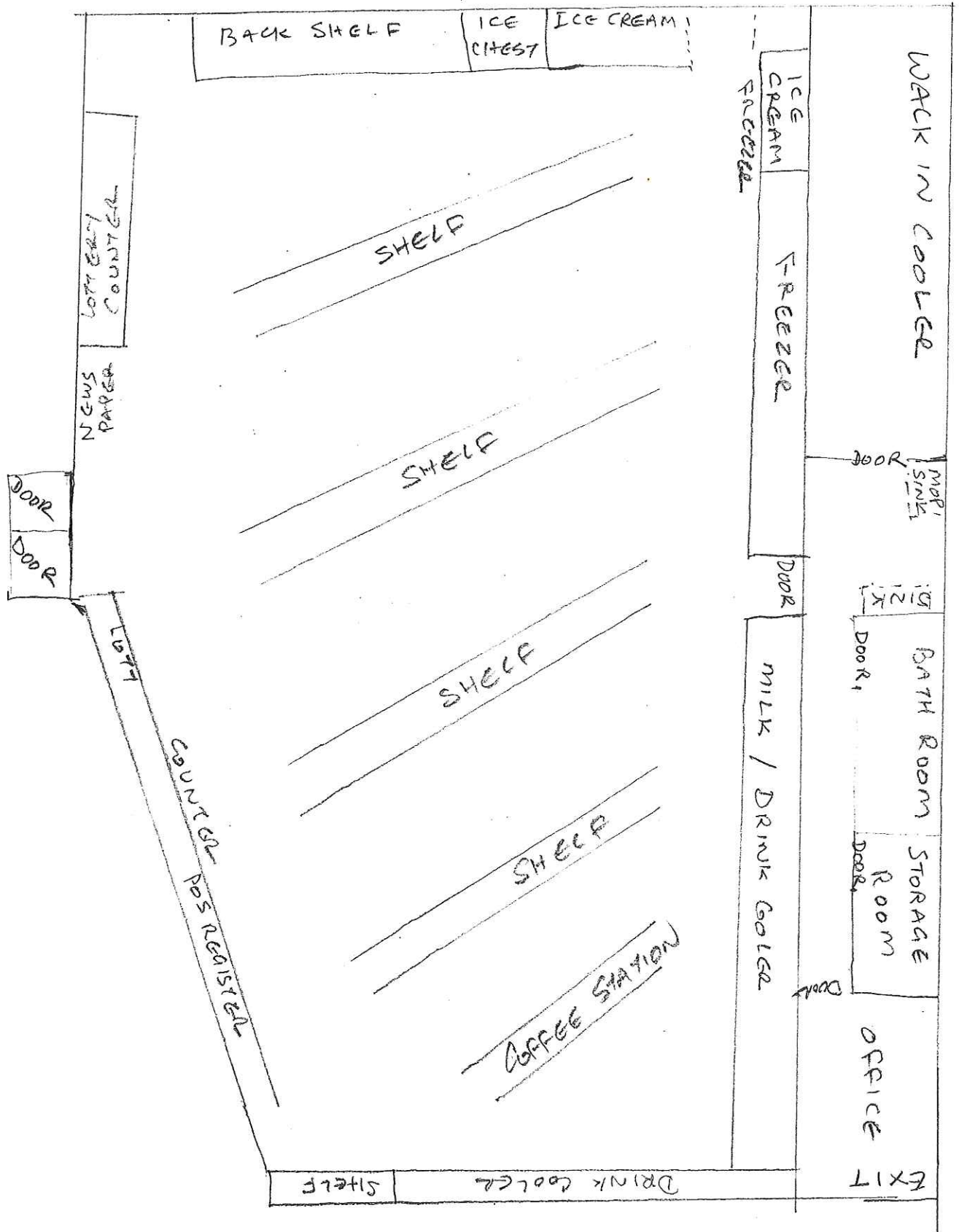
From DECEMBER 1994 to UNTIL NOW  
 ② Employee DAVIDER SHARMA D/B/A MASS CONVENIENCE  
 Sole Owner \_\_\_\_\_ Location 245-MASS AVE ARLINGTON  
 Partnership \_\_\_\_\_ Type Food CONV. STORE  
 Corporation PARTH INC. Number of Employees 3-4

List any other information that you feel will assist in the review of this application.

DAVINDER SHARMA OWN 50% OF THE CURRENT BUSINESS  
AT THIS LOCATION AND WILL CONTINUE TO OWN  
50% OF THE NEW ENTITY

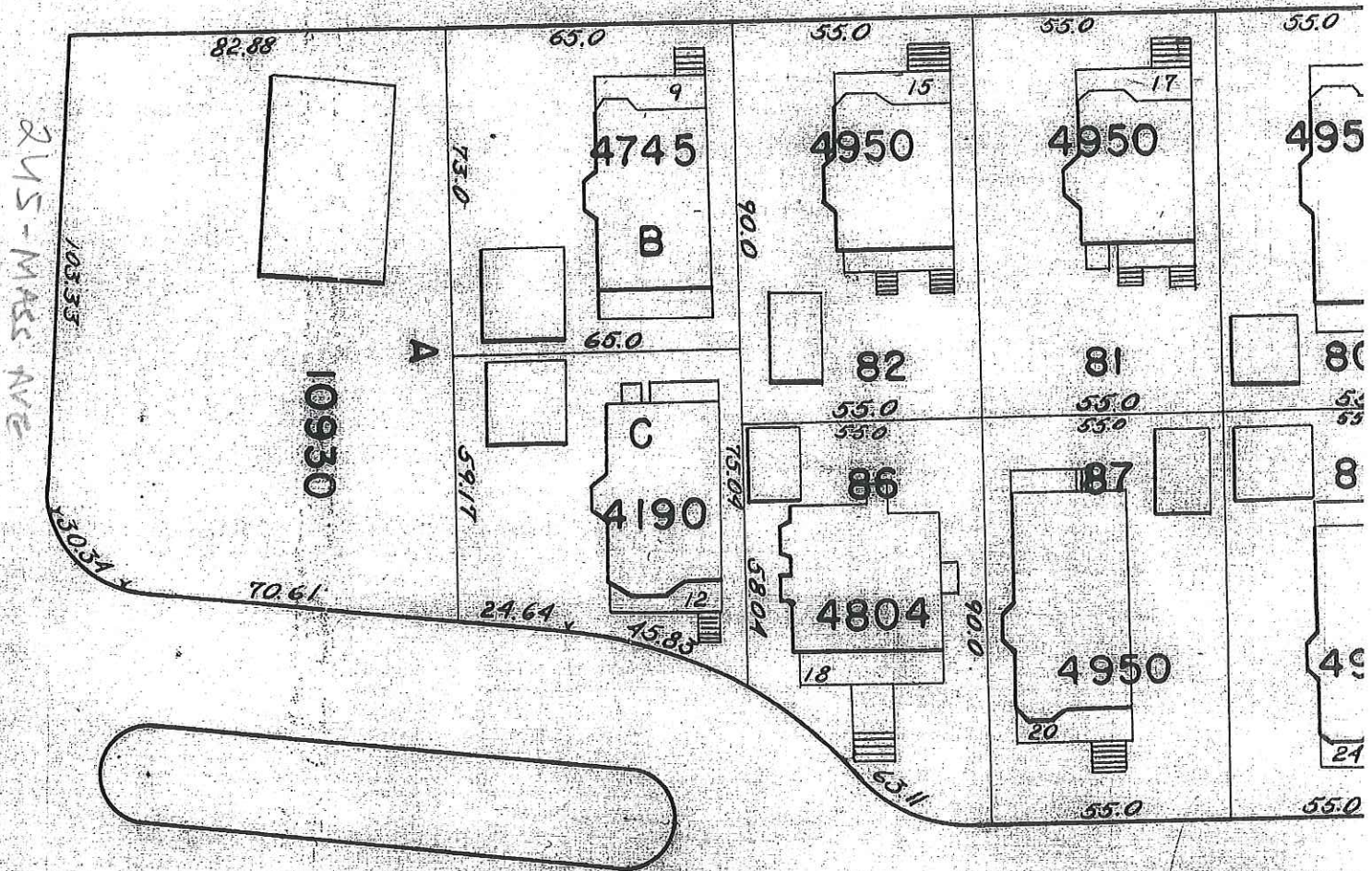
TARSEM SINGH CURRENTLY OWN 50% OF BOYLES  
FAMILY MARKET A SIMILAR BUSINESS FOR THE  
LAST 18 YEARS.



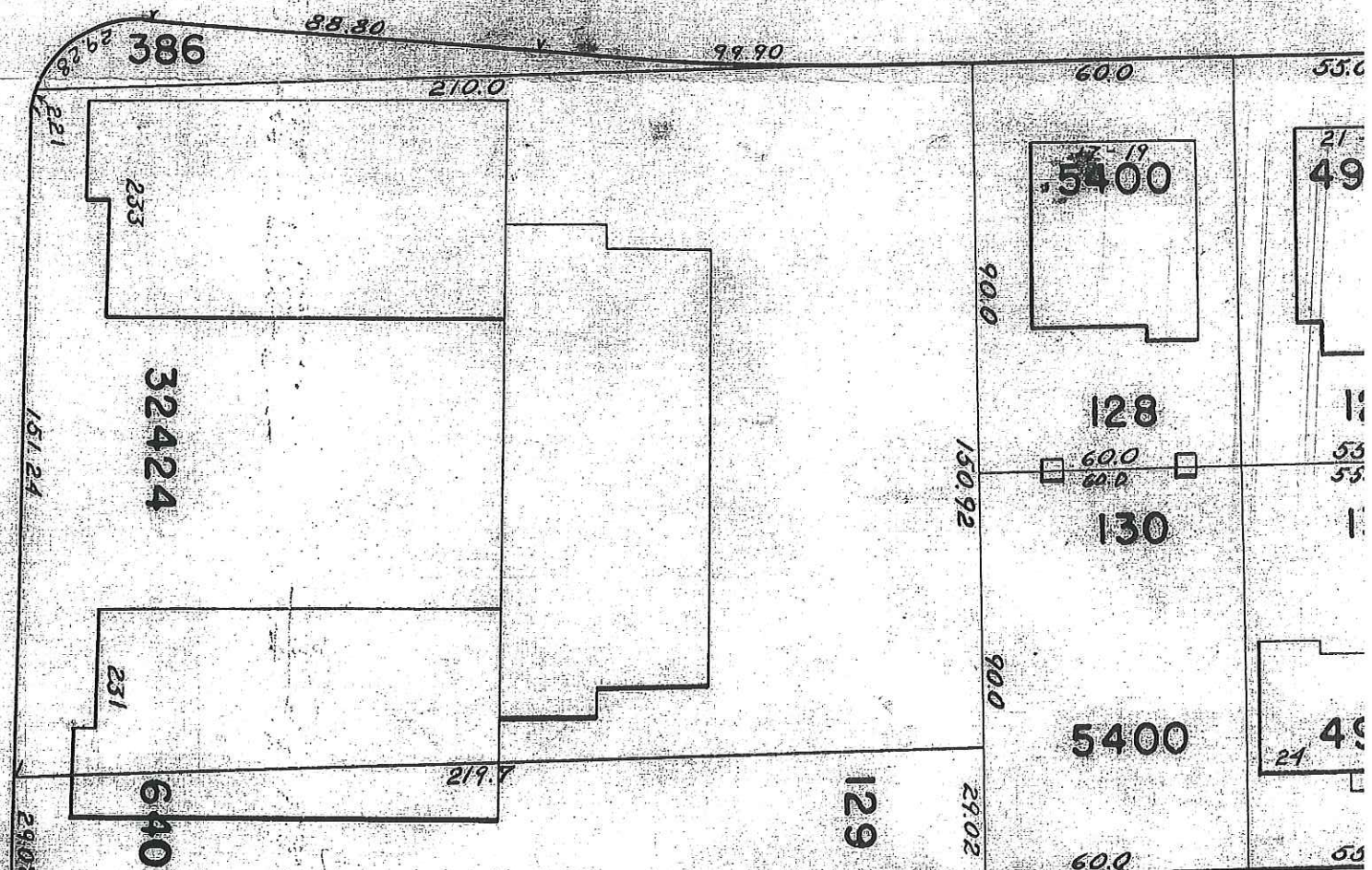




EVERETT



# GRAFTON





Existing

ROAD SIGN

**MASS**  
**CONVENIENCE**  
**LOTTERY - ATM - GROCERY**

80"

WALL SIGN ON  
MASS AVE SIDE

MASS  
CONVENIENCE

6'

3'



Proposed

I

ROAD SIGN



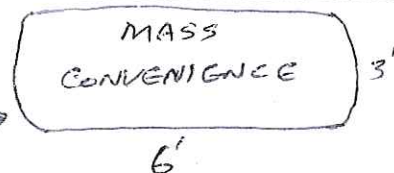
44"

80"

COLOR CHANGE TO  
BLUE FOR LETTERS  
WITH WHITE BACKGROUND

II

WALL SIGN ON  
MASS AVE SIDE





Proposed



FALCON GRAPHICS  
617-306-7748  
fax: 781-646-4419  
826 Mass. Ave Arlington MA 02475





MAINTENANCE PROGRAM 245-MASS AVE

- I ON GOING CLEANING OF WHOLE STORE IS A PART OF EVERY NIGHT CLOSING
- II HVAC AND OTHER REFRIGERATION IS SERVICED AS PREVENTATIVE MAINTENANCE ONCE A YEAR
- III SNOW PLOWING AND THEN SPRING CLEANING WILL BE CONTRACTED TO OUTSIDE CONTRACTOR
- IV LANDSCAPE ONCE A YEAR IN THE SUMMER



ARLINGTON POLICE DEPARTMENT

Frederick Ryan  
Chief of Police



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

*Town of Arlington*  
MASSACHUSETTS 02474

April 23, 2018

On Monday, April 23, 2018 at 9:15 AM, I called and spoke with Davinder Sharma regarding this application for a Food Vendor License, for Arlington Convenience located at 245 Mass Ave. Mr. Sharma stated that he is changing partners and is just changing the name of the store. Mr. Sharma stated that everything else with the store is staying the same.

I advised Mr. Sharma that the Board of Selectmen may be conducting C.O.R.I and S.O.R.I checks during the application process.

Pending the checks conducted by the Board of Selectmen's Office, Arlington Police Dept. is not aware of any law enforcement or public safety reasons to object to the Food Vendor License for the Arlington Convenience.

Respectfully Submitted,

Detective Edward DeFrancisco

APPLICANT'S 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: *D. Sharma*

Date: 5/3/18

*"Proactive and Proud"*



**From:** Kevin Kelley <KKelley@town.arlington.ma.us>  
**To:** "Ashley Maher" <AMaher@town.arlington.ma.us>  
**Date:** 05/02/2018 12:03 PM  
**Subject:** Re: Inspection Report Arlington Convenience / Food Vendor

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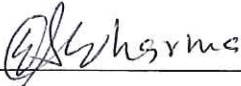
I defer to the Building Dept

Dep Kevin Kelley

Sent from my iPhone

**APPLICANT'S 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: 5/3/18





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 24, 2018  
RE: Board of Health Comments for Selectmen's Meeting on May 7, 2018

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Please accept the following as comments from the Office of the Board of Health:

**Arlington Convenience (245 Massachusetts Avenue)  
Food Vendor License**

- *This establishment has contacted the Health Department and is in the process of completing the re-permitting process. It is the owner's/manager's responsibility to ensure that the establishment complies with 105 CMR 590.000 (1999 Food Code).*

**APPLICANT'S 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: \_\_\_\_\_ 5/3/18



**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:	245 Massachusetts Avenue	
Applicant's Name:	Davinder Sharma	
D/B/A:	Arlington Convenience	
Telephone:	781-395-2517	
Department:	Sent Interoffice Mail &E-mail	Date: 4/19/18

**MEETING DATE: 5/7/18**

Inspected By:

**RE: FOOD VENDOR LICENSE**

Police

Fire

Board of Health

Building

**Planning**---Ali Carter, Economic Development Coordinator

**INSPECTION REPORT SECTION:**

The application is for a food vendor license for Arlington Convenience. The existing owner of the business, which is currently named "Mass Convenience," will retain 50% ownership, and none of the operations of this business are intended to change with the introduction of a new partner to the enterprise and an accompanying name change. The business is located in a B2 neighborhood business zoning district and remains an appropriate use

The Department has no objection to the issuance of a food vendor license to 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.

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**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: 5/3/18



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

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

Location: 245 Massachusetts Avenue  
Applicant's Name: Davinder Sharma  
D/B/A: Arlington Convenience  
Telephone: 781-395-2517  
Department: Sent Interoffice Mail & E-mail Date: 4/19/18

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**MEETING DATE: 5/7/18**

**RE: FOOD VENDOR LICENSE**

Inspected by: Board of Health

Building  
Planning  
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.

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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: Davinder Sharma

Date: 5/3/18





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## **Town of Arlington, Massachusetts**

### **CITIZENS OPEN FORUM**





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## Town of Arlington, Massachusetts

**For Approval: 'Arlington Porchfest Headquarters' on Jefferson Cutter House Lawn, June 9, 2018, 12:00 NOON - 6:00 p.m.**

**Summary:**

Linda Shoemaker, Executive Director, Arlington Center for the Arts

**ATTACHMENTS:**

	Type	File Name	Description
▯	Reference Material	Arlington_Center_for_the_Arts.pdf	Request from Arlington Center for the Arts





April 19, 2018

Dear members of the Arlington Board of Selectmen,

I am writing to request the use of Whittemore Park as "Arlington Porchfest Headquarters" on Saturday, June 9, 2018, from 12:00 noon through 6:00 pm. (*Raindate: Sunday, June 10*).

This will be Arlington's 3<sup>rd</sup> annual Porchfest, bringing live local music to Arlington's front porches, lawns and driveways in a fun celebration of music and community. Last year's Porchfest presented 140 bands and performers on 80 porches to an audience of 5000+.

This year, we are expanding Porchfest to include the entire town, with a West Zone from the Heights to the Center from noon to 2:00, and an East Zone from the Center to the East from 2:00 – 6:00.

We envision the "Porchfest HQ" at Whittemore Park as the center of the festival, with a tent where folks can get information, pick up a map, take a break, and meet up during the day. If approved, we will also schedule music in the park, and the folks from Arlington Public Art will run a free family puppet-making workshop in preparation for the Feast of the East festival the next weekend.

I have spoken with Heather Leavell from the Dallin Museum and Beth Locke from the Chamber of Commerce, and they are both enthusiastic about this idea.

Thank you for your consideration, and please join us on June 9 for Arlington Porchfest!

Sincerely,

A handwritten signature in black ink that reads "Linda Shoemaker". The signature is written in a cursive, flowing style.

Linda Shoemaker  
Executive Director

**ARLINGTON CENTER FOR THE ARTS**

20 Academy Street, Arlington, MA 02476 | (781) 648-6220 | [www.acarts.org](http://www.acarts.org)





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## **Town of Arlington, Massachusetts**

**For Approval: Comptroller Contract**





## Town of Arlington, Massachusetts

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### Rodent Concerns in Kilsythe Road Neighborhood

#### Summary:

Emily Cause, 21 Kilsythe Road and Neighbors

#### ATTACHMENTS:

	Type	File Name	Description
▢	Reference Material	Kilsythe_Rd._CR.pdf	Correspondence



17

RECEIVED  
SELECTMEN'S OFFICE  
ARLINGTON, MA 02476

To: Board of  
Selectmen

**Rat Petition**

2018 APR 30 PM 3:00

Our neighborhood and the town of Arlington has a rat problem. We would like the town to put laws in to place to combat this public health problem. We'd also like money to be allocated for resources (e.g. regular and recycling barrels with hinged covers) and personnel hired to enforce these laws (which should include proper composting and exclusion procedures). We also need help with responsible extermination. Without the town's help, neighbors are forced to police neighbors or people look the other way as the problem gets out of hand. We feel that this is a serious public health issue that needs to be addressed with urgency. Thank you.

Emily Cause 21 Kilsythe Rd 617-501-2711

Name

Address

SARAH MCKINNON 10 KILSYTHE RD, 02476

Jane Carfield 18 INVERNESS RD, 02476

Peter C. Hume 6 Kilsythe Rd, 02476

Walter Gibbs 22 Inverness Rd 02476

THOMAS ZED 22 INVERNESS RD 02476

Marc d'Ajou 10 KILSYTHE RD, 02476

Beneé Lubowich 6 Kilsythe Rd 02476

Marsna Kaufman 7 KILSYTHE RD 02476

Peter Butler 7 Kilsythe Rd 02476

KATHLEEN BUTLER 18 INVERNESS RD 02476

Laura Huber 17 Kilsythe Rd 02476



NAME

zion

ADDRESS

10K/LS/therd  
024  
76





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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.





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## **Town of Arlington, Massachusetts**

**Next Meeting of BoS May 21, 2018**