



ONE DAY ALCOHOLIC BEVERAGES LICENSE APPLICATION

To the Licensing Authorities of Acton:

The undersigned hereby makes application for a one day liquor license, in accordance with the provisions of the General Laws, and amendments thereto.

It is strongly recommended that the application and fee be submitted to the Town Manager's Office no later than 3 weeks prior to the event date.

Wine/Malt Only: \$25.00, non-refundable **Payable to: Town of Acton, check only**

Name of Applicant/Organization: Erik J. Heels

Location of Event: The Gallery at Villageworks, 525 Mass. Ave, Acton

Name of Owner on Premises: "Mathias Rosenfeld" <mathias@newhabitatpartners.com>

1. Name and Description of Event: Hosted by 5 Acton families, this event is the 10th anniversary of The MCats Band (www.mcatsband.org), which was founded in 2005 to raise money for the McCarthy-Towne Elementary School in Acton. This is also the first event at the new WAVE facility in West Acton, which opens for business fall 2015.

2. Event Date: Sat 11/08/2015

3. Hours of Event (from/to): 7:30pm - 11:59pm

4. Expected number of people: 150
(if over 50 guests, a TIPS or equivalent trained bartender is required with proof of certification accompanying the application for file)

5. Age range of attendees: 21+

Name of person making application: Erik J. Heels

Residential Address: 17 Forest Rd. Acton 01720

Business Address: Clock Tower Law Group, 2 Clock Tower Place Suite 255, Maynard MA 01754

Home Telephone: 978-761-7808 Business/Cell: 978-823-0008

Email: heels@alum.mit.edu

Have you ever been convicted for any law violation? (circle one) YES NO

If so, when: NA

Where: NA

State briefly: NA

Signature of Applicant: 

Date: 10/19/15

For Town Use Only	
Police Department:	Approve / Deny
Board of Selectmen	Approve / Deny
TIPS Certification Copy	YES/NO
Comments:	
Check #:	<u>293 10/19/15</u>



CERTIFICATE OF LIABILITY INSURANCE

CATER-1

OP ID: MA

DATE (MM/DD/YYYY)

10/19/2015

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).

PRODUCER Murphy Hickey Insurance Agency 133 Milford Street Medway, MA 02053	CONTACT NAME:	
	PHONE (A/C, No, Ext): 508-422-9277	FAX (A/C, No): 508-422-9914
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Catering By Daniel DBA Daniel Benabou 1 Stoney Ridge Rd Medway, MA 02053	INSURER A:	Mount Vernon Insurance Co.
	INSURER B:	Illinois Union Insurance Co.
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CL2669973	11/14/2014	11/14/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO							\$
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	UMBRELLA LIAB							\$
	<input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED						RETENTION \$	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. EACH ACCIDENT	\$
B	Liquor Liability			LQRG2771853A001	11/14/2014	11/14/2015	Liquor Liability	1,000,000 2,000,000

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

Cater

CERTIFICATE HOLDER**CANCELLATION**

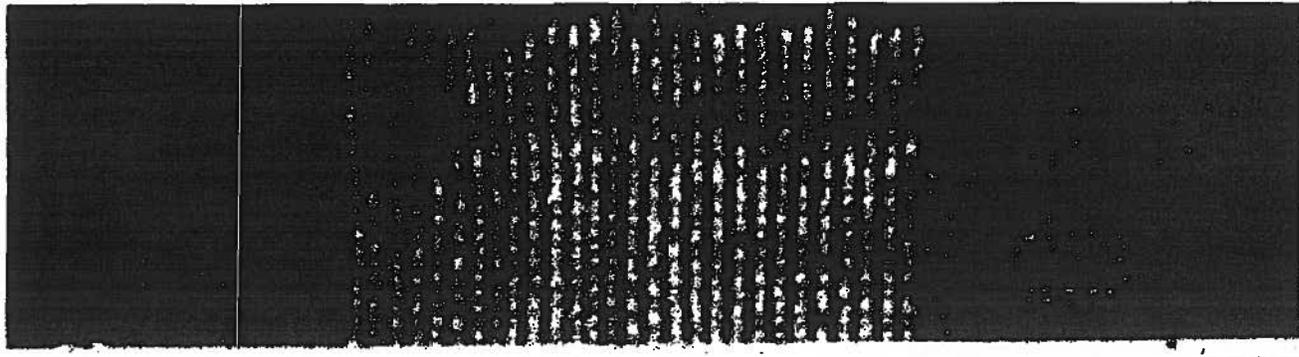
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dennis J. Murphy

From: Daniel Benabou DCBenabou@aol.com
Subject:
Date: October 20, 2015 at 8:26 AM
To: Daniel Benabou dcbenabou@aol.com

1/01 0194 Tomy
970-929-8553



IPS eTIPS Off Premise 2.0 SSN: XXX-XX-XXXX
Issued: 6/4/2015 Expires: 6/4/2018
ID: 4002399 D.O.B.: XX/XX/XXXX

Daniel Benabou
1 Stony Ridge Rd
Medway, MA 02053-2282

For service visit us online at www.gettips.com

Sent from my iPhone