

OFFICE OF THE SELECT BOARD  
TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**SPECIAL ALCOHOL LICENSE POLICY & APPLICATION**

APPROVED: 6/7/10

REVISED: 4/30/12

REVISED: 5/18/15

1. A Special License for the sale of all alcoholic beverages may be granted to the responsible manager of any non-profit organization conducting any indoor or outdoor activity or enterprise.
2. A Special License for the sale of wine and malt beverages only, or either of them, may be granted to the responsible manager of any indoor or outdoor activity or enterprise.
3. Sale and consumption are limited to inside of the premises. Unless otherwise voted by the Select Board ("Board"), outside consumption is prohibited. If allowed by Board vote, outdoor sale and consumption may occur only in a defined outside area away from public ways.
4. All events on Town property require a Special License.
5. Consistent with Section 14 of Massachusetts General Laws Chapter 138, a responsible manager and alternate should be named by the organization, one of whom shall be on the premises at all times while alcohol is being served. The responsible manager must be at least 21 years of age. The name(s) and 24-hour contact information shall be on file with the Office of the Select Board and Police Services Division.
6. The Local Licensing Authority (Select Board) may impose reasonable conditions and limitations on any Special License that is granted, including but not limited to the hours of operation and the presence of a police detail(s).
7. **Security.** The applicant must present a security plan to the Arlington Police Department before filing this application. This security plan must include provisions for crowd control, dealing with unruly patrons, emergency evacuations, traffic/parking considerations, and controlling access to alcohol by under aged persons. Unless circumstances warrant otherwise, the security plan will require one police officer for an event that 150 people are expected to attend and two officers for an event that 300 or more people are expected to attend. *The Chief of Police, Operations Commander, or their designee must sign off on this application as to the security plan for the event **before** the application is filed with the Select Board.* Moreover, applicants must demonstrate that people who will be serving alcoholic beverages are at least 21 years of age and that at least one person who will be staffing each point of service of alcoholic beverages has certification in TIPS or comparable safety training.

8. Unless otherwise voted by the Select Board, each Special License shall cover a single activity or enterprise.
  - a. A Special License generally is granted for a single event only. The Special License may be granted for more than one day at a time **only** if the activity or enterprise spans more than one day.
  - b. The fee for a Special License shall be charged on a per-day basis, \$50.00 for day one and \$25.00 for each additional consecutive day due with application submittal. Please make check out to the: Town of Arlington.
9. The Board reserves the right to decline to consider any application filed later than 21 days before the proposed event. The Board may require the filing of references by the applicant at its discretion.
10. Organizers of any event requiring a Special Alcohol License must comply with state statutory and regulatory requirements, which can be found on the website of the Alcoholic Beverages Control Commission: [WWW.MASS.GOV/ABCC](http://WWW.MASS.GOV/ABCC). See Chapter 138, Section 14, of the Massachusetts General Laws and 204 C.M.R. 7.00. If necessary, organizers should consult private counsel to ensure compliance with these legal requirements.



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**SPECIAL ALCOHOL LICENSE APPLICATION**

Name of Applicant: \_\_\_\_\_

Address, phone & e-mail contact information: \_\_\_\_\_

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): \_\_\_\_\_

Address, phone & e-mail contact information: \_\_\_\_\_

Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? \_\_\_\_\_ If so, please give date(s) of Special Licenses and/or applications and title of event(s). \_\_\_\_\_

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: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date/time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Location/Event Coordinator: \_\_\_\_\_

Method(s) of invitation/publicity for Event: \_\_\_\_\_

Number of people expected to attend: \_\_\_\_\_

Expected admission/ticket prices: \_\_\_\_\_

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

\_\_\_\_\_

Will persons under age 21 be on premises? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you consulted with the Department of Police Services about your security plan for the Event? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

*For Police Chief, Operations Commander, or designee:*

Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event.

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

Printed name/title \_\_\_\_\_

POLICE COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.) \_\_\_\_\_

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

Who will be responsible for serving alcoholic beverages at the 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. \_\_\_\_\_

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. \_\_\_\_\_

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)) \_\_\_\_\_

Date of Delivery: \_\_\_\_\_

Alcohol Serving Time (s): \_\_\_\_\_

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

\_\_\_\_\_

Date of Pick-Up: \_\_\_\_\_

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

\_\_\_\_\_

**Please submit this completed form and filing fee to the Select Board at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.**

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

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

Printed name: \_\_\_\_\_

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

Email: \_\_\_\_\_

