

MAY 19 2022



TOWN OF LONGMEADOW
20 Williams Street
Longmeadow, MA 01106
413-565-4110 www.longmeadow.org

For Office Use Only
Select Board/Town Manager
Certificate of Insurance Rec'd 5/19/22
Town of Longmeadow Certification Rec'd 5/19/22
\$50 Fee Received 5/19/22

ONE DAY LIQUOR LICENSE APPLICATION

You may apply for a one-day liquor license from the Select Board's Office at least 30 days prior to the event.
~Cost is \$50.00 due with application, check payable to Town of Longmeadow~

Applicant Name: Laura Pozzuto Daytime Phone: 860-308-3050
Applicant E-Mail Address: LAZUTO@comcast.net
Address: 36 Maplewood St, Longmeadow, MA 01106
Organization: N/A lazuto@comcast.net
Organization Address:

Type of Event/Purpose: Graduation Party
Event Address: 211 Maple Rd Longmeadow MA 01106 Longmeadow Adult Center

Is event a fundraiser? Yes [] No [x] If yes, proceeds are for:

Will the event be held under a tent greater than 400 square feet? (Building permit required) [] Yes [x] No

Event Date: 6/18/2022 Approximate # of Persons: 40 Hours to/from: 2pm - 6pm

Entertainment: Yes [x] No [] If yes, type of entertainment: DJ

Attendance by: [x] Invitation [] Tickets If tickets, [] General Public [] Members Only

Persons under 21 in Attendance: [x] Yes [] No Liquor to be: [x] Served [] Sold

Type of Liquor: [] Beer Only [x] Beer/Wine [] All Alcohol

Servers' Name(s): Caterer has Bartender will finish Certification:
Certification:

If this one-day liquor license is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to minors. No person under the age of twenty-one shall be served alcoholic beverages.

Signature of Applicant

5/19/2022
Date

Information Regarding Liquor Liability Insurance

It is the applicant's sole responsibility to obtain the proper liquor liability insurance. A copy of the certificate of insurance with a current date must be presented before the one-day liquor license can be issued. It is advisable that you look into the insurance well in advance of the event date.

The liquor liability certificate of insurance must include:

- 1. Proof of liquor legal or host liquor legal coverage;
2. "Town of Longmeadow" named as an additional insured; and
3. Coverage amount of \$1 Million per occurrence/ \$3 Million aggregate.

One-day liquor licenses will be granted at the sole discretion of the Licensing Authority. Applicant must state time, date and place of event on application. Servers must be certified as trained in alcohol service safety (such as "TIPS", "SafeServ@", or other alcohol service safety program). Proof of certification must be submitted with the application. The certification certificate must not have an expiration date that is prior to your event.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/19/2022

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 Foresite Sports, Inc. DBA: Eventsured 24 S. Newtown Street Road Newtown Square, PA 19073	CONTACT NAME: Eventsured Customer Service PHONE (A/C, No. Ext): 888-882-5902 E-MAIL ADDRESS: info@eventsured.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Laura Pozzuto 36 Maplewood St Longmeadow, MA 01106	INSURER A: Houston Casualty Company	NAIC # 42374
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** TM239251**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			H21SE00006/TM239251	06/18/2022 12:01AM	06/19/2022 2:01AM	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)	\$ 1,000
	<input checked="" type="checkbox"/> Host Liquor Liability	Y					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY						DEDUCTIBLE	\$ 0
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Graduation Party to be held on 06/18/2022 - 06/18/2022 with 50 attendees at Longmeadow Adult Center 211 Maple Road Longmeadow, MA 01106. Additional Insureds include: Longmeadow Adult Center 211 Maple Road Longmeadow, MA 01106; Town of Longmeadow.

CERTIFICATE HOLDER**CANCELLATION**

Longmeadow Adult Center 211 Maple Road Longmeadow MA, 01106	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 

