



CITY OF HAVERHILL
LICENSE COMMISSION AGENDA
Wednesday September 11, 2024 at 9:00 AM
City Council Chambers – Room 202

This meeting/hearing of Haverhill License Commission will be held in-person at the location provided on this notice. Members of the public are welcome to attend this in- person meeting. Please note that while an option for remote attendance and/or participation is being provided as a courtesy to the public, the meeting/hearing will not be suspended or terminated if technological problems interrupt the virtual broadcast, unless otherwise required by law. Members of the public with particular interest in any specific item on this agenda should make plans for in-person vs. virtual attendance accordingly.

REMOTE LOGIN:

<https://meet.google.com/bdy-hmiw-bbp>

Or open Meet and enter this code: bdy-hmiw-bbp

Dial in (audio only): (US) +1 614-729-8525 PIN: 429 868 543#

1) PLEDGE OF ALLEGIANCE

2) APPROVAL OF THE MINUTES

NO SCHEDULE

3) CONTINUED BUSINESS

NO SCHEDULE

4) MISCELLANEOUS APPLICATIONS/REQUESTS

NO SCHEDULE

5) ONE DAY APPLICATIONS

5.1 BEVERLY CEPEDA

10 WELCOME ST CITIZENS CENTER

APPLICATION FOR ONE DAY BEER AND WINE LICENSE QUINCEANERA EVENT -

SEPTEMBER 21 2024, 7PM TO 11:30 PM

PENDING POLICE APPROVAL

6) BUSINESS CERTIFICATES

NO SCHEDULE

7) ENTERTAINMENT APPLICATIONS

8) COMMON VICTUALLER APPLICATIONS

9) OUTDOOR DINING APPLICATIONS

NO SCHEDULE

10) ALCOHOL/ABCC APPLICATION

NO SCHEDULE

11) MOTOR VEHICLE APPLICATIONS

NO SCHEDULE

12) CARRY IN LICENSE APPLICATIONS

NO SCHEDULE

13) ITEM FOR DISCUSSION

14) SHOW CAUSE HEARING

NO SCHEDULE

15) PUBLIC PARTICIPATION

NO SCHEDULE

16) OTHER BUSINESS

ADJOURNMENT







City of Haverhill, MA

September 5, 2024

LCDL-24-15**Alcohol - One-Day
License**

Status: Active

Submitted On: 9/5/2024

Primary Location10 WELCOME ST
Haverhill, MA 01830**Owner**CITY OF HAVERHILL PUBLIC
PROPERTY DEPT
Welcome Street 10 HAVERHILL,
MA 01830**Applicant** Beverly Cepeda
 978-387-9108
 beverlycepeda15@gmail.com
 29 Webster St-2 Fl
Haverhill, MA 01830

Applicant Information

Applicant Role in the Event*

Event Host (i.e. bride, parent, relative)

Birth Date*

11/19/1988

Is the Event Sponsored?*

no

IF NO, What Type of Event?*

Other

IF NO, Who is the Responsible Person*

Beverly Cepeda

IF NO, Responsible Person's Address*

29 Webster Street Apt 2

IF NO, Responsible Person's City*

Haverhill

IF NO, Responsible Person's State*

MA

IF NO, Responsible Person's Zip*

01830

IF NO, Responsible Person's Phone*

978-387-9108

IF NO, Responsible Person's Email*

beverlycepeda15@gmail.com

IF NO, Responsible Person's Social Security #*

Event Information

Type of License Being Requested*

Beer & Wine

Event Date*

09/21/2024

Event Start Time*

7:00 pm

Event End Time*

11:30 pm

Event Location*

Haverhill Senior Center

Event Purpose*

Sweet 15 (Quinceanera)

Will there Be Music or Entertainment?*

Yes

Will the Event be Catered?*

No

Will Food be Provided in Another Way?*

Yes

Expected Number of Adults Attending*

80

Expected Number of Children Attending* ?

40

Is an Entrance Fee/Donation Required?*

No

Type of Attendees*

Private

Will the Event Be on City Property?* ?

Yes

Liquor Information

Name of Liquor Wholesaler*

Merrimack Valley Distributing Company

Name of Person Serving the Alcohol* ?

Kelly Giraldo Grajales

Is This a Cash Bar?*

No

Agreement & Signature

Yes*



Office Use Only

Expiration Date

—

Receipts Submitted

—

Conditions or Restrictions

Attachments



TIPS Certification
eTIPS On Premise 3.1.pdf
Uploaded by Beverly Cepeda on Sep 5, 2024 at 2:21 PM

REQUIRED







Liquor Liability Insurance
Certificate of Insurance (SEL) 2.pdf
Uploaded by Beverly Cepeda on Sep 5, 2024 at 2:39 PM

REQUIRED

History

Date	Activity
9/5/2024, 5:38:30 PM	approval step Police Department Approval was assigned to Kevin Lynch on Record LCDL-24-15
9/5/2024, 5:38:29 PM	Linda Koutoulas approved approval step Licensing Clerk Review on Record LCDL-24-15
9/5/2024, 5:38:26 PM	Linda Koutoulas assigned approval step Licensing Clerk Review to Linda Koutoulas on Record LCDL-24-15
9/5/2024, 2:41:34 PM	approval step Licensing Clerk Review was assigned to Jennifer Sanchez on Record LCDL-24-15
9/5/2024, 2:41:33 PM	completed payment step 1-Day License Fee Payment on Record LCDL-24-15
9/5/2024, 2:40:09 PM	Beverly Cepeda submitted Record LCDL-24-15
9/5/2024, 1:07:17 PM	Beverly Cepeda altered Record LCDL-24-15, changed ownerStreetName from "SUMMER ST" to "Welcome Street "
9/5/2024, 1:07:17 PM	Beverly Cepeda altered Record LCDL-24-15, changed ownerStreetNo from "4" to "10 "
9/5/2024, 11:41:40 AM	Beverly Cepeda started a draft of Record LCDL-24-15

Timeline

Label	Activated	Completed	Assignee	Due Date	Status
 1-Day License Fee Payment	9/5/2024, 2:40:11 PM	9/5/2024, 2:41:33 PM	Beverly Cepeda	-	Completed
 Licensing Clerk Review	9/5/2024, 2:41:33 PM	9/5/2024, 5:38:29 PM	Linda Koutoulas	-	Completed
 Police Department Approval	9/5/2024, 5:38:30 PM	-	Kevin Lynch	-	Active
 License Commission Approval	-	-	-	-	Inactive

Label	Activated	Completed	Assignee	Due Date	Status
✓ City Council Approval	-	-	-	-	Inactive
✓ Mayor Approval	-	-	-	-	Inactive
✓ License Commission Clerk Approval	-	-	-	-	Inactive
📅 1-Day Liquor License	-	-	-	-	Inactive
✓ Commission Clerk Reviews Receipts	-	-	-	-	Inactive

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.1
For coursework completed on April 12, 2022
provided by Health Communications, Inc.
is hereby granted to:

Kelly Giraldo Grajales

Certification to be sent to:

**Latina Kitchen Bar
30 Dedham Ave
Needham MA, 02492-3008 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2024

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 3553 West Chester Pike #418 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 INSURER A: Houston Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 42374
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COVERAGES **CERTIFICATE NUMBER:** TM376530 **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		H23SE00155/TM376530	09/21/2024 12:01AM	09/22/2024 2:01AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 0
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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 Birthday Party to be held on 09/21/2024 - 09/21/2024 with 150 attendees at City of Haverhill 10 Welcome Street Haverhill, MA 01830. Additional Insureds include: City of Haverhill 10 Welcome Street Haverhill, MA 01830; .

CERTIFICATE HOLDER**CANCELLATION**

City of Haverhill
10 Welcome Street
Haverhill MA, 01830

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

Haverhill Human Services Dept.
10 Welcome Street
Haverhill, MA 01830
(978) 374-2388

**FACILITY
RESERVATION**

Beverly Cepeda
29 Webster Street Apt 2
Haverhill, MA 01830
(978) 387-9108

RECEIPT NO: 42252

Date: 03/21/24 03:09pm

Fee: \$444.00

Discount: 0.00

Tax: 0.00

Total: 444.00

Paid: Cash 0.00

Balance: 444.00

Facility: Citizens Center Dining Room - 10 Welcome St. Haverhill,
MA 01830

Reservation: :
09/21/24, Sat 3:00PM to 12:00AM
15th Birthday Party
Reservation approved by IRIJO on 03/21/24 03:09PM

Fee Details: Reservation Fee: \$369.00
Resident Deposit \$75.00
Please list additional Equipment for event. (no smoke, fog,
or inflatables): n/a
Haverhill Residency?: Yes (\$75.00 Extra)
Do you live outside of Haverhill?: No
FOOD: Yes
Will you be cooking in the kitchen: No
Will you be selling alcohol: No
Will this event to be a fundraiser: No

Estimated Attendance: 150

Note: This site is to show availability only. Please call the Citizens
Center to book the facility.
Room Rental Ranges from \$75 (Basic) \$150 (fundraiser)
\$75 additional (cook in the kitchen) Custodial fee \$39.90/hr
to be paid for every hour custodian is on site (required to be
on site). Minimum 4 hrs on weekends. Please include
decorating and cleanup time when booking event
Payment Only checks or Money Orders are accepted. No
cash accepted.

STATEMENT OF AGREEMENT

Important to Note:

- Please make checks out to the Haverhill Citizens' Center.
- Security Deposit all Fees and copies of all permits required in advanced.
- If alcohol is served a "One Day Liquor license" must be obtained from the Licensing Commission and approved by City Council. You must also contact the Police Department and a Police Officer may be required for your event and additional fees will be billed directly to you from the Police Dept.
- If food is sold or given away, please contact the board of health to determine the need for a food permit.
- No smoking of any kind allowed.
- No reservations are allowed to end any later than 12am.
- Permit is intended for specific use granted by the Haverhill Human Services Department and is non-transferable

STATEMENT OF AGREEMENT

e.

-By signing this document, I agree to all the above reservation rules and restrictions. If attendees of event are at any time found to be violating listed rules, event will be ended immediately and no summm will be refunded to event organizer. Signature: _____

Liability Waiver

I agree that to forever release the city of Haverhill from all claims from the participation of this event, I understand that the city of Haverhill or its staff will not be held liable or responsible for any accidents, injuries or medical expenses incurred as a result of the participation of this event. I understand as the host of the event, I am responsible for any damages and behavior of my guests. I understand that without a permit for alcohol, police may be called if alcohol is present on City of Haverhill property which will result in the termination of the event and forfeiture of all associated costs.

Importante a tener en cuenta:

-Por favor, haga los registros de salida al Centro de Ciudadanos de Haverhill.

-Depósito de seguridad todas las tarifas y copias de todos los permisos requeridos por adelantado.

-Si se sirve alcohol, se debe obtener una "licencia de licor de un día" de la Comisión de Licencias y ser aprobada por el Concejo Municipal. También debe comunicarse con el Departamento de Policía y es posible que se requiera un oficial de policía para su evento y se le facturarán tarifas adicionales directamente desde el Departamento de Policía.

-Si se venden o regalan alimentos, comuníquese con la junta de salud para determinar la necesidad de un permiso de alimentos.

-No se permite fumar de ningún tipo.

-No se permite que las reservas finalicen más tarde de las 12 a.m.

--El permiso está destinado a un uso específico otorgado por el Departamento de Servicios Humanos de Haverhill y es intransferible.

Exención de responsabilidad

Acepto que para liberar para siempre a la ciudad de Haverhill de todas las reclamaciones de la participación de este evento, entiendo que la ciudad de Haverhill o su personal no serán responsables de ningún accidente, lesión o gasto médico incurrido como resultado de la participación de este evento. Entiendo que como anfitrión del evento, soy responsable de cualquier daño y comportamiento de mis invitados. Entiendo que sin un permiso para el alcohol, se puede llamar a la policía si el alcohol está presente en la propiedad de la Ciudad de Haverhill, lo que resultará en la terminación del evento y la pérdida de todos los costos asociados.

Signature _____
(If under 18, parent or guardian)

Date 03/21/24 03:09pm