



Town of East Greenwich, Rhode Island

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818

(401) 886-8605

**CLASS F ALCOHOLIC BEVERAGE LICENSE
APPLICATION FORM**

Authorizes sale of malt and vinous beverages only

Hours of Operation – 19 hours, including Sunday

Issued to religious and/or political organizations and state non-business corps

Sold between the hours of 6:00 a.m. and 1:00 a.m. on the following day

Fee: \$15.00 - Check made payable to the Town of East Greenwich

NAME OF APPLICANT Leah DeCesare DATE OF BIRTH 11/3/69
TITLE OR POSITION Organizer for event/fundraiser CONTACT NUMBER 401.489.5939
NAME OF ORGANIZATION Rampala Children's Center for Hope & Wellness
in Yonkers
ADDRESS OF ORGANIZATION Leah DeCesare 25 Adirondack Dr EGRI
PLACE OF EVENT Varnum Memorial Army
DATE OF EVENT Thurs. May 10, 2018
TYPE OF EVENT 6:30 pm

I HEREBY MAKE AFFIDAVIT AND SAY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE APPLICANT IS IN COMPLIANCE WITH ALL LAWS AND REGULATIONS OF THE UNITED STATES, AND THE STATE OF RHODE ISLAND AND IS IN COMPLIANCE WITH ALL THE ORDINANCES OF THE TOWN OF EAST GREENWICH.

SIGNATURE [Signature]

DATE 4.6.18

(Applicant should contact the Chief of Police regarding an officer being present at the function at their own expense.)

A certificate of liability insurance for \$1,000,000 naming the Town of East Greenwich as an additional insured party must be submitted with the application.

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid: <u>4113118</u>	Date License Expires:
License Issued By:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/05/2018

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com		THIS CERTIFICATION 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.	
INSURED Leah DeCesare 25 Adirondack Drive East Greenwich, RI 02818		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Lloyds Syndicate 2623	AA-1128623 82%
		INSURER B: Lloyds Syndicate 623	AA-1128623 18%
		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 LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> Retail Liquor Liability	EH-771318-L1318542	05/10/2018	05/11/2018	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED DEDUCTIBLE \$ 1,000
		EH-771318-L1318542	05/10/2018	05/11/2018	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				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 \$
	OTHER				

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

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
Attendance: 125, Event Type: Charity Benefits, Dances, Auctions, or Sales.

CERTIFICATE HOLDER

Town of East Greenwich
125 Main Street
East Greenwich, RI 02818

CANCELLATION

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

Will Maddux

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Town of East Greenwich 125 Main Street East Greenwich, RI 02818
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.