

LIQUOR

ONE DAY SPECIAL LICENSES

1. Special Licenses are required if you keep, expose, sell or deliver any alcoholic beverages. They are issued to persons holding a function at a place that presently doesn't have a liquor license.
2. Profit making organizations are limited to Wine and Malt Licenses only, Non-profit organizations can be issued an All Alcoholic License. License has to be made out in the name of the person having the function.
3. All persons involved in the service of liquor are required to attend a server training program and must be server trained prior to serving any alcoholic beverages. Copies are to be on file in the Selectmen's Office.
4. Copy of Worker's Compensation Affidavit must be filled out and, if applicable, a copy of the Worker's Compensation Certificate of Liability Insurance submitted.
5. All Alcoholic beverages must be purchased from a licensed Massachusetts Wholesaler and must be removed after function.
6. Limited to 30 a year
7. Fee is \$35.00 for a Wine and Malt License, \$60.00 for an All Alcoholic.
8. Approval must be received from the Police Department for the function.

9/15/2009



Steven Grossman
Treasurer and Receiver General

*Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
Fax: (617) 727-1258*

RECEIVED
11 JUN 10 AM 8:41
BOARD OF SELECTMEN
WALPOLE, MASS.

Kim S. Gainsboro, Esq.
Chairman

THE ALCOHOLIC BEVERAGES CONTROL COMMISSION (“ABCC”) ADVISORY

The Alcoholic Beverages Control Commission is pleased to announce that we have created an application for a license to sell wine at a Farmer’s Market. This application can be found on our website at www.mass.gov/abcc, under the “Forms and Applications” button and “Special Licenses/ Permits” tab. As you are aware, this type of license is issued at the sole discretion of the Local Licensing Authorities, and does not require the approval of the ABCC.

We drafted the application in an attempt to assist you with these licenses, and it is modeled after our Farmer-Winery License Application. The use of this application is not required, but merely an additional tool to assist in simplifying your process. Its use is solely at the discretion of the Local Licensing Authorities, which may require any additional information that it believes is appropriate.

All applicants must submit a certification from the Department of Agricultural Resources that the Farmer’s Market, for which they are seeking a license, is an “agricultural event.” These licenses are not subject to the quota or limit on the number of section 15 licenses that otherwise exist in each city and town. These licenses cannot overlap any area or premises that is already covered by an existing license

We hope this application will be useful. Please do not hesitate to contact us with any questions. Ralph Sacramone can be reached at 617-727-3040 ext. 31. Thank you for your continued support and cooperation.

(Issued: 6/10/11)

APPLICATION FOR LICENSE OR PERMIT



TOWN OF WALPOLE COMMONWEALTH OF MASSACHUSETTS

DATE: _____, 200__

I, _____, hereby make application to the
Board of Selectmen of the Town of Walpole, Massachusetts for a

Type of License: _____

Date: _____

Hours: _____

License/Permit to be made out in the name of _____

Address _____

Is this your first application for a license/permit? _____

Is this a renewal of a license/permit? _____

SIGN YOUR NAME IN FULL: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE: _____

Application

Approval Date: _____

Restrictions: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant Information: *Please PRINT legibly*

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

- I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Check additional about if necessary?

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

- check if immediate response is required Licensing Board
 Selectmen's Office
 Health Department
 Other _____

contact person: _____ phone #: _____

(revised Sept. 2003)