



**TOWN OF ANDOVER  
TOWN CLERK'S OFFICE**

36 Bartlet Street  
Andover, MA 01810  
978-623-8230  
www.andoverma.gov

**ALCOHOLIC BEVERAGES LICENSE APPLICATION PROCESS  
ALTERATION OF PREMISES**

The application to process a request to alter the premises of an existing alcoholic beverages license contains two packets of information: The local packet required by the Town of Andover and the State packet required by the Alcoholic Beverages Control Commission (ABCC).

Please use the checklists below to help organize your application materials for submission. Further steps of the application process continue on the back of this information sheet.

**Town of Andover Application Packet:**

- \$125 non-refundable application fee (NOTE: Application fee must be in the form of a check or money order made payable to TOWN OF ANDOVER)
- Town of Andover Alcoholic Beverages License Application
- Patio Addendum (if applicable)
- Golf Course Addendum (if applicable)
- Tax Form
- Worker's Compensation Affidavit
- Copy of worker's compensation policy declaration page
- \$90 joint inspection fee; must be a check or money order made payable to TOWN OF ANDOVER
- Joint Building & Fire Inspection Application

**ABCC Application Packet:** *(These forms can be found at [mass.gov/orgs/alcoholic-beverages-control-commission](http://mass.gov/orgs/alcoholic-beverages-control-commission))*

- Receipt of \$200 fee paid online through ABCC online payment link
- Monetary Transmittal Form
- Amendment – Change or Alteration of Premises Information Application
- Financial Disclosure
- Applicant's Statement
- Vote of the Entity
- Supporting Financial Records (NOTE: Records for all financing and or loans, including pledge documents)
- Legal Right to Occupy (NOTE: copy of a lease or deed)
- Floor Plan

***Further steps continue on the back of this page.***

**After the materials have been received and reviewed the following steps will be taken:**

**Notice to Abutters**

Abutters, Churches, Synagogues, Hospitals, and Schools must be notified by certified mail by the applicant. A certified abutters list and instructions for proper notice will be provided to the applicant after the application is reviewed by the Town Clerk/Licensing Agent. The petitioner/license holder is responsible for the cost of the certified mail postage.

**Select Board Hearing Notice**

Notice of the Select Board hearing on the application must be advertised in the Andover Townsman or Eagle Tribune 10 days before the hearing. The Town Clerk's Office will prepare the notice; however, the applicant is responsible for the cost of the advertisement. The license holder and the manager's attendance at the Select Board hearing is mandatory.

**Joint Building and Fire Inspection**

A license will not be issued until the new premise passes a joint inspection from the building and fire department. Please see attached sheet for more information.



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**ALCOHOLIC BEVERAGES LICENSE APPLICATION**

|   |  |
|---|--|
| <b>BUSINESS/ENTITY NAME:</b>                                    |  |
| <b>DBA:</b>   |  |
| <b>PREMISE ADDRESS:</b>   |  |
| <b>MANAGER/CONTACT NAME:</b>                                    |  |
| <b>EMAIL:</b>   |  |
| <b>PHONE:</b>   |  |
| <b>BUSINESS MAILING ADDRESS:</b><br>(if different from premise) |  |
| <b>FID/SS#:</b>   |  |

**Please select the license transaction for which you are applying below.**

**Each transaction has an application fee of \$125.00 made payable to TOWN OF ANDOVER.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New License                              | <input type="checkbox"/> Change Corporate Name                               | <input type="checkbox"/> Change of Corporate Structure  |
| <input type="checkbox"/> Transfer of License                      | <input type="checkbox"/> Change of Ownership Interest                        | <input type="checkbox"/> Pledge of Collateral           |
| <input type="checkbox"/> Change of Manager                        | <input type="checkbox"/> Change of Class<br>(i.e. Annual/Seasonal)           | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officer/Directors/LLC Managers | <input type="checkbox"/> Change of License Type<br>(i.e. club/restaurant)    | <input type="checkbox"/> Change of Hours                |
| <input type="checkbox"/> Change of Location                       | <input type="checkbox"/> Change of Category<br>(i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Change of DBA                  |
| <input type="checkbox"/> Alteration of Licensed Premises          | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder          | <input type="checkbox"/> Other _____                    |

I certify under the penalties of perjury, that the above information is true, and that named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This license application requires Select Board approval upon prior approval from the Police Department, Fire Department, Health Department, Building Department and Town Treasurer.

**(Office Use Only) SELECT BOARD HEARING DATE:** \_\_\_\_\_



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**SALE OF ALCOHOL ON PATIO & OUTDOOR AREAS  
ADDENDUM**

If you are applying to include a patio and/or outdoor area in your licensed premises, you must provide the following additional information. This application will also be forwarded to the Building Division and Planning Division to determine if any additional permits are necessary.

**SECTION 1: RESTRICTIONS/CONDITIONS**

1. Are the premises (existing and/or proposed) subject to any easements, covenants, or deed restrictions regarding use of the property and/or service of alcohol?

YES                       NO

If yes, please provide copies of the easements, covenants, or deed restrictions.

2. Are the premises (existing and/or proposed) subject to any Zoning Board of Appeals, Site Plan, or Subdivision conditions or restrictions?

YES                       NO

If yes, please provide copies of the conditions and/or restrictions.

**SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES**

3. Describe the proposed outdoor area including the dimensions, number of tables and chairs, proposed occupancy figures, whether there are any proposed outdoor bars and how the area will be enclosed.

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4. Describe in detail the proposed type of fence, rope or other means of proposed enclosure.

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5. Describe the proposed use of the outdoor area. (E.g., tented area for special events, area for outdoor food service, etc.)

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6. Are outdoor food preparation areas proposed?

YES                       NO

If yes, please consult the Board of Health.

**SECTION 3: REQUIRED PLAN**

Submit a detailed, scaled plan of the patio and /or outdoor area showing the proposed:

The existing:

- a) Egress/ingress between the inside premises and the proposed outdoor area
- b) Width of the path of egress/ingress from the inside premises through the outdoor area
- c) Location of proposed tables, chairs, bars, outdoor prep areas, etc.
- d) Location of required signage

*All of the above should be clearly labeled.*

**SECTION 4: ENFORCEMENT**

7. Detail how the applicant will ensure alcohol purchased off-premise will not be brought onto or consumed on the outdoor premises.

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8. Detail how the applicant will ensure patrons do not leave the outdoor premises with alcohol in their possession.

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**PLEASE NOTE:**

The patio and / or outdoor area are an extension of new or already approved premises. It is a part of the same license and will have the exact same type of license as the entire premises. That means that the type of alcohol sold and the hours of sale will be the same for the entire premises



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**SALE OF ALCOHOL ON GOLF COURSES  
ADDENDUM**

If you are applying to include a golf course in your licensed premises, you must provide the following additional information. This application will also be forwarded to the Building Division and Planning Division to determine if any additional permits are necessary.

**SECTION 1: RESTRICTIONS/CONDITIONS**

1. Is the golf course subject to any easements, covenants, or deed restrictions regarding the use of the property and/or services of alcohol?

YES                       NO

If yes, please provide copies of the easements, covenants, or deed restrictions.

2. Is the golf course subject to any Zoning Board of Appeals, Site Plan, or Subdivision conditions or restrictions?

YES                       NO

If yes, please provide copies of the conditions and/or restrictions.

**SECTION 2: WRITTEN DESCRIPTION OF PROPOSED PREMISES**

The specific location of stationary stands and/or structures for the sale and service of alcohol within approved golf course premises shall be approved by the Select Board. Stationary stands and/or structures must serve within the approved location. Approval of the serving location shall consider the distance from residential dwellings, school, and/or churches, the character of the surrounding neighborhood, noise, lighting and other reasonable and proper concerns.

3. Describe the proposed area including the location and size of any areas of service and storage of alcoholic beverages, including whether alcoholic beverage will be sold from stands, permanent standing structures and/or sold or delivered in or from a cart. Also, include the names of public ways that may intersect, interrupt or divide the proposed area.

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4. Describe the carts and/or stands where alcohol will be served. Include the number of carts and/or stands, size, lighting, etc.

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5. Will any of the stands and/or carts be selling food?

YES

NO

If yes, please consult the Board of Health.

**SECTION 3: REQUIRED PLAN**

Submit a detailed, scaled plan of the golf course showing:

The existing:

- a) Boundaries of the golf course
- b) Cart paths
- c) Streets and public ways intersecting and abutting the course
- d) Residences and buildings within 200 feet of the golf course
- e) Parcel lines
- f) Easement lines and label
- g) Parking lots

The proposed:

- h) Location of stands and/or structures serving/selling alcohol
- i) Distance between any dwellings within 200 feet and the stand/structure location
- j) Path of travel of carts and vehicles transporting alcohol to stands/structures or carts
- k) Path of travel of carts and any vehicles serving/selling alcohol to patrons
- l) Location of required signage
- m) Location of required trash receptacles
- n) Alcohol storage areas

*All of the above should be clearly labeled.*

Required Signage:

Sign posts for posting of signs regarding limitation of alcohol and penalties for violating public safety are required at the end of cart paths where they intersect with public ways and at the edge of parking lots and other required locations.

Required Receptacles:

Receptacles for disposing of alcoholic beverages are required at the end of cart paths where they intersect with public ways and at the edge of parking lots and other required locations.

**SECTION 4: ENFORCEMENT**

6. Detail how the applicant will ensure that no outside alcohol will be brought onto or consumed on the premises.

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7. Detail how the applicant will ensure that alcohol is not sold or delivered to intoxicated persons.

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8. Detail how the applicant will ensure that alcohol is not sold or delivered to a minor.

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**PLEASE NOTE:**

The golf course is an extension of the new or already approved premises. It is a part of the same license and will have the exact same type of license as the entire premises. That means that the type of alcohol sold and the hours of sale will be the same for the entire premises.





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**TAX FORM**

**APPLICANT NAME:** \_\_\_\_\_

I certify under penalties of perjury that the above named applicant has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

**Signature of Individual or Corporate Name:**

(Required for all applicants) \_\_\_\_\_

**Name of Corporate Officer:**

(Required if applicant is a corporation) \_\_\_\_\_

**Social Security #:**

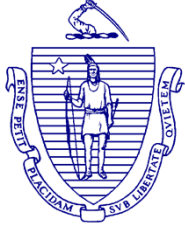
(Required if applicant is an individual) \_\_\_\_\_

**Federal Identification Number (FID #):**

(Required if applicant is a corporation or non-profit): \_\_\_\_\_

*This license will not be issued unless the certification clause is signed by the applicant.*

*Your social security or FID number will be furnished to the Massachusetts Department of Revenue to determine if you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass General Laws c. 62, s. 49A.*



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

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

Phone #: \_\_\_\_\_

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



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**JOINT INSPECTION REQUIREMENT FOR  
ALERTATION OF PREMISES ON AN EXISTING ALCOHOLIC BEVERAGE LICENSE**

State law requires all applicants applying for the alteration of premises on an existing alcoholic beverages license to obtain a joint inspection certificate prior to receiving their new license from the Town Clerk's Office. The joint certificate will attest to the premises compliance with current state building and fire codes as well as attesting to the general safety of the buildings or structures. After a satisfactory inspection, a Joint Inspection Certificate will be issued by the building department.

**SCHEDULING AN INSPECTION:**

To schedule an inspection, please submit the completed "Application for Certificate of Inspection" form to the OFFICE OF THE INSPECTOR OF BUILDINGS, Andover Town Offices, 36 Bartlet Street, Andover, MA 01810. If you have questions about scheduling a joint inspection please contact the Building Department at 978-623-8620.

For new premises, it is recommended that your application for the joint inspection coincide with the final certificate of occupancy inspection.

**FEES:**

The joint inspection fee is \$90. The \$90 fee shall be paid to the Town Clerk's Office at the time of application for the new license. Please do not submit fees to the Building or Fire department.

**ATTENTION**

*Please be aware that this inspection is also a precondition  
for the annual renewal of all on-premise, alcoholic beverage licenses.*



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ANDOVER

Building Division – Fire Department

APPLICATION FOR CERTIFICATE OF INSPECTION

Date \_\_\_\_\_

In accordance with the provisions of MGL C 10, Section 74 and Massachusetts State Building Code, Section 110.7, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Name of Premises \_\_\_\_\_

Street and Number \_\_\_\_\_

Purpose for which Premises is used \_\_\_\_\_

Certificate to be issued to \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

Owner of Record of Building \_\_\_\_\_

Address \_\_\_\_\_

SIGNATURE OF PERSON TO WHOM  
CERTIFICATE IS ISSUED OR HIS  
AUTHORIZED AGENT

PRINT NAME

TITLE

TEL. NO. ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Return this application to: OFFICE OF THE INSPECTOR OF BUILDINGS,  
Andover Town Offices, 36 Bartlet Street, Andover, Massachusetts 01810

Please Note:

Application shall be submitted for each building or structure or part thereof to be certified. The building official and fire official shall be notified within ten (10) days of any changes in the above information.

CERTIFICATE # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_