



TOWN OF ANDOVER

TOWN CLERK'S OFFICE

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

FARMER'S MARKET PERMIT APPLICATION PROCESS

The Local Licensing Authority may issue a Farmer's Market Permit for the sale of wine, craft beer, craft spirits and hard cider manufactured by an ABCC-Licensed Farmer- Winery, Farmer Brewery, Pub Brewery or Farmer Distillery at Massachusetts Department of Agricultural Resources approved agricultural events in Massachusetts. A Farmer's Market Permit allows a winery, brewery or distillery to provide certain samples of their products to consumers and sell their sealed product(s) for off-premises consumption.

Please use the checklists below to help organize your application materials to apply for a Farmer's Market License.

Town of Andover Application Packet:

- \$50 Non-Refundable Application Fee
(NOTE: Application fee must be in the form of a check or money order made payable to TOWN OF ANDOVER)
- Farmer's Market Permit Application
- Tax Form
- Worker's Compensation Affidavit
- Copy of Worker's Compensation Policy Declaration Page
- Copy of liquor liability Insurance
- Copy of the ABCC Section 19B, 19C, 19D or 19E License
- Copy of the ABCC Transportation and Delivery Permit
- Proof of Participation in Event
- Copy of Certification of Agricultural Event from MDAR

License Approval

Upon prior approval from the Police Department, Fire Department, Health Department, Building Department, and Town Treasurer, this permit application requires final approval of the Select Board (i.e., the local licensing authority).

Farmer's Market Permit Application

MGL Ch. 138 §15F

Municipality:

Farmer's Market Permits allow wineries, breweries, and distilleries to provide samples of their produced alcoholic beverages and sell by the bottle/case their product for off-premises consumption.

This application should be completed and submitted to the Local Licensing Authority in the city/town in which the agricultural event is taking place along with certification from the MA Department of Agricultural Resources that the Farmer's Market for which they are seeking a license is an "agricultural event" and a copy of their state issued license to produce wines, malt beverages, and/or distilled spirits.

For more information on the Farmer's Market Permit, please visit the [ABCC website](#).

1. CONTACT INFORMATION

Please provide contact information for the individual the licensing authorities should contact regarding this form.

Name: _____ Phone: _____
Title: _____ Email: _____

2. LICENSEE INFORMATION

Entity Name: _____ ABCC License Number: _____
(if applicable)
DBA: _____ ABCC License Type: _____
(if applicable)
Manager of Record: _____
Premises Address: _____ City/Town: _____ State: _____ Zip: _____
Phone: _____ Email: _____

3. EVENT INFORMATION

A. Farmer's Market licenses are only permitted at events that the Department of Agriculture has certified as Agricultural Events.

Please attach documentation from the Department of Agricultural Resources certifying that this is an agricultural event.

Date(s) of Event:

B. Description of Premises

Please describe the location where alcoholic beverages will be sold within the agricultural event.

Event Address: _____ City/Town: _____ State: _____ Zip: _____

Describe area to be licensed:

Farmer's Market Application
MGL Ch. 138 §15F

C. Event Contact

Please provide information for contact on the day of the event.

Name:

Phone:

Email:

4. EXISTING LICENSES TO MANUFACTURE, EXPORT, AND SELL AT RETAIL

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine, malt beverages, or distilled spirits to consumers: *(Attach a copy of each license to this application)*. Please use the Additional Space at the end of the application if needed.

Entity Name

License Type

License Address

5. TRANSPORTATION AND DELIVERY

Please identify the business(es) or individuals that will transport alcohol from the license(s) listed above to the Farmer's Market premises.

Entity or Individual

ABCC License Type

ABCC License Number

6. DISCLOSURE OF DISCIPLINARY ACTION

Have any of the licenses listed in Section 4 ever been suspended, revoked, or cancelled?

Yes

No

Date of Disciplinary Action

License Number

Reason for Disciplinary Action

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Signature:

Title:

Date:

ADDITIONAL SPACE

Please note which question(s) for which you are utilizing this space.



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."

Applicants

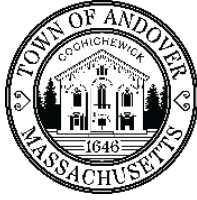
Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (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.

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.

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



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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.