



**Town of Braintree**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Drive  
Braintree, MA 02184  
Telephone: (781) 794-8151 Fax: (781) 794-8305

**REQUIREMENTS FOR A FARMER-WINERY  
TO OBTAIN A LICENSE TO SELL AT THE  
FARMER'S MARKET**

Pursuant to MGL Ch. 138 § 15F, a license must be obtained before selling wine at an agricultural event. Licensure is valid for the approved event only. The licensee fee is \$50.00.

1. Farmer Winery Application – filled out, signed and dated
2. Provide a cover letter detailing the proposed event(s) including whether the applicant has ever obtained a Farmer's Market License and if so, list the prior events
3. Provide copy of the approval letter from the Department of Agricultural Resources (MDAR) certifying the agricultural event
4. Provide copy of the Farmer-Winery License issued by the Commonwealth of MA Alcoholic Beverages Control Commission
5. Letter from the property owner authorizing use of their grounds to sell wine for off-premise consumption
6. If the applicant is a Corporation, provide the following:
  - Certificate of Good Standing (Secretary of State's Office)
  - Articles of Organization (Secretary of State's Office)
7. If the applicant is a Limited Liability Company, provide the following:
  - Certificate of Organization (Secretary of State's Office)
  - Certificate of Good Standing (Secretary of State's Office)
8. If the applicant is a Partnership, provide the Partnership Agreement
9. Worker's Compensation Affidavit – filled out, signed and dated as well as providing a Certificate of Insurance for same.
10. Fill out the CORI form and attach copy of government issued identification
11. Check for \$50.00 payable to the Town of Braintree

**NOTE:**

Submit all the above documents and fee to the Licensing Commission, Town Solicitor's Office, One JFK Memorial Dr., Braintree, MA. The Licensing Commission usually meets on the 2<sup>nd</sup> & 4<sup>th</sup> Tuesday of the month. Applicants **MUST** attend the meeting.



**TOWN OF BRAINTREE**  
**APPLICATION BY A FARMER WINERY FOR LICENSE TO SELL AT A**  
**FARMER'S MARKET**  
**(CH.138, §15F)**

YEAR 20

**Application Fee: None**

**License Fee: \$50.00**

**1. Licensee Information:**

Name of Applicant:	<input type="text"/>	ABCC License Number: (If Existing Licensee)	<input type="text"/>
Mailing Address:	<input type="text"/>	Business Name (d/b/a if different):	<input type="text"/>
Manager of Record:	<input type="text"/>	City/Town:	<input type="text"/> State <input type="text"/> Zip <input type="text"/>
		Phone Number of Premises:	<input type="text"/>
Other Phone:	<input type="text"/>	Email:	<input type="text"/>
		Website:	<input type="text"/>
<b>Contact Person concerning this application (attorney if applicable):</b>			
Name:	<input type="text"/>	City/Town:	<input type="text"/> State <input type="text"/> Zip <input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
Contact Number:	<input type="text"/>	Fax Number:	<input type="text"/>

**2. Event Information:**

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

*Please attach document from Department of Agricultural Resources certifying that this is an agricultural event.*

Date(s) of Event:

**B. Contact person for applicant during event:**

Name:

Phone number of contact:

**C. Description of the premises within the Farmer's Market:**

Address of Premises for the Sale of Wine:

City/Town:  State  Zip  Phone Number of Premises:

Describe Area to be Licensed:

**TOWN OF BRAINTREE  
APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

**3. Existing License(s) to Manufacture, Export and Sell at Retail:**

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine to consumers: (Attach a copy of each license)

Name	License Type	License Address

**4. Proof of Age for Sale to Consumers:**

Please identify all methods by which you will obtain proof of age before making any sales of wine to consumers :

**5. Transportation and Delivery:**

Please identify in detail all persons or businesses that are licensed under M.G.L. c. 138, §22 that will be making any delivery of wine on your behalf to the Farmer's Market in Massachusetts.

\*If additional space is needed, please add after last page.

**6. Safety and Tax Registration:**

Has the Farmer's Market registered with the Food and Drug Administration?

Yes  No

Registration Date:

**TOWN OF BRAINTREE  
APPLICATION FOR LICENSE BY A FARMER WINERY TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

**7. Disclosure of License Disciplinary Action:**

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled?

Yes  No

If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

**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.**

**Acknowledgement**

I hereby acknowledge that all information provided on this application is true and accurate and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all the terms, conditions and limitations set forth in the Board of License Commission Rules and Regulations and any applicable State and Federal Laws and any conditions prescribed by the Town of Braintree.

Signature

Print Name

Title

Date



Joseph C. Sullivan  
Mayor

**TOWN OF BRAINTREE**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Drive  
Braintree, Massachusetts 02184  
Tel: 781-794-8151 Fax: 781-794-8128

**LICENSING BOARD**

Joseph F. Powers, Town Clerk, Chairman  
Mary E. McGrath, Dir Municipal Lic, Clerk  
Russell W. Jenkins, Police Chief  
James F. O'Brien, Fire Chief  
Russell Forsberg, Inspector of Buildings

**Licensing/Legal Assistant**  
Annette M. McLaughlin

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)**  
**ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**The Town of Braintree Board of License Commissioners** is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Town of Braintree Board of License Commissioners to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Town of Braintree Board of License Commissioners with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Town of Braintree Board of License Commissioners may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The Town of Braintree Board of License Commissioners must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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SIGNATURE

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DATE

**SUBJECT INFORMATION:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Suffix

Maiden Name (or other name(s) by which you have been known) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Current and Former Addresses:

Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Number & Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**⚡ NOTE: DO NOT COMPLETE THE INFORMATION BELOW**

The above information was verified by reviewing the following form(s) of government issued identification:

[ ] Massachusetts Driver's License

[ ] Other \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

Name of Verifying employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

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

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

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

Are you an employer? Check the appropriate box:

- 1.  I am an 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: BRAINTREE 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: Licensing Office Phone #: 781-794-8151

# 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.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

**Town of Braintree**  
**BOARD OF LICENSE COMMISSIONERS**  
**Policies and Regulations Governing Liquor Licenses**



**ADOPTED: February 13, 2008**  
**AMENDED: December 23, 2008**  
**June 28, 2011**

All Licenses issued under Chapter 138 after this date shall be subject to the following regulations and policies and all licensees are requested to comply with same.

- 1) The opening and closing time of sales for alcoholic beverages as set forth by the Alcoholic Beverages Control Commission will be strictly adhered to.
- 2) The so-called “last call” will be made twenty minutes before the closing time of the bar.
- 3) All glasses and bottles shall be removed from the bar and tables no later than fifteen minutes after the bar closes.
- 4) No person shall be permitted on premises licensed under Chapter 138, Section 12, between one hour after closing time and one hour before opening time authorized under said Section 12, except that the licensee or his manager shall not be prohibited from being on the licensed premises at any time, and further, the employees, contractors or sub-contractors shall not be prohibited from being on such licensed premises at any time for the purpose of cleaning, making renovations, making emergency repairs to or providing security for such premises, or preparing for the day’s business, or opening or closing the business in an orderly manner.
- 5) There shall be no gambling allowed in any portion of the licensed premises, and implements of gambling shall not be kept or used on the premises; provided, however that this regulation shall not prohibit lotteries or other games of chance, including card games, provided that said lotteries or games of chance are conducted in accordance with a properly issued permit pursuant to General Laws Chapter 271, Section 7A, and provided further that this regulation shall not apply to automatic amusement devices that are governed by the provisions of General Laws Chapter 140, Section 177A.
- 6) There will be no selling of alcoholic beverages and drinks at half-price.
- 7) There will be no dispensing of two or more alcoholic beverages or drinks to patrons when the patron pays for less than the number dispensed to him or her (i.e. no “Two for One” special is permitted).

- E.** All renewal applications for a liquor license must be submitted to the Licensing Coordinator for the Board of License Commissioners each year by November 30<sup>th</sup>.

**16) Farmer Winery Licenses**

- A.** Pursuant to MGL c.138 §15F, a license must be obtained before selling wine at an agricultural event.
- B.** An applicant for a license under this section shall file with the Board of License Commissioners along with its application proof of certification from the department of agricultural resources that the event is an agricultural event. For any agricultural event to take place within the Town of Braintree, the applicant must obtain written permission from the agent or agency responsible for the care, custody or control of said property where the event is scheduled to occur. A special license under this section shall designate the specific premises, and dates and times covered. A special license may be granted for an indoor or outdoor agricultural event which takes place on multiple dates and/or times during a single calendar year but no special license shall be granted for an agricultural event that will not take place within one (1) calendar year. The special license shall be displayed conspicuously by the licensee at the licensed premises. A special license granted under this section shall be nontransferable to any other person, corporation, or organization.
- C.** A Farmer Winery License granted by the Board of License Commissioners for an agricultural event scheduled to occur within the Town of Braintree shall exclude the distribution of samples at said event.
- D.** The Board of License Commissioners shall not issue more than two (2) Special Farmer Winery licenses to be exercised for the purpose of display and sale at any single indoor or outdoor agricultural event.

Town of Braintree  
BOARD OF LICENSE COMMISSIONERS  
Local Licensing Authority