

GUIDE TO SPECIAL FARMER WINERY LICENSES TO SELL

Pursuant to MGL c138 s15F, a license must be obtained before selling wine at an agricultural event. Licensure is valid for the approved event only. The nonrefundable License fee is \$50.00.

To complete the application:

1. Fill in the Application for a Special Farmer Winery License. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. Attach proof of certification that the applicant is a Farmer Winery.
3. Attach proof of certification that the event is an Agricultural Event.
4. Proceed to each of these Departments to obtain sign-offs:

A. Fire Prevention Bureau: Mon-Fri 8-10AM, 3-4PM
617 623-1700 x8400 1 Franey Road (adjacent to Trum Field on Broadway)

B. Inspectional Services Division: Mon-Wed 8-4PM, Thu 8-7PM, Fri 8-Noon
617 625-6600 x5600 1 Franey Road (adjacent to Trum Field on Broadway)

C. Police Department: Mon-Fri 8:30-4PM
617 625-6600 x7200 220 Washington Street

5. If you own property in Somerville, proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury Mon-Wed 8:30-4PM, Thu 8:30-7PM, Fri 8:30-Noon
617 625-6600 x3500 93 Highland Avenue (City Hall)

6. Submit the application and the fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, 617 625-6600 x4108, fax 617 625-4239, email licensing@somervillema.gov. The Licensing Commission usually meets on the 3rd Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.

APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

Application Fee \$0 License Fee \$50

Date _____

FOR LICENSING COMMISSION ONLY
Date Recorded _____
Amount Paid _____

Business (DBA) Name: _____ Phone: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: _____

Applicant's Email Address: _____

Applicant's Principal Contact: _____ Phone: _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Type of Business (Check Only One and Provide the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 20%: _____

<input type="checkbox"/> Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 20%: _____

<input type="checkbox"/> Corporation: Name of Corporation: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
<input type="checkbox"/> LLC: Name of LLC: _____
Names of All Managers Who Own More Than 20%: _____

<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)

Name of Agricultural Event: _____

Location: _____

Items for Sale and/or Sampling: _____

Date(s) and Time(s): _____

Estimated attendance at any one time: _____ Estimated total attendance: _____

Have you ever obtained a special farmer winery license to sell before? Y __ N __

If yes, list event(s): _____

Have you ever had a special farmer winery license denied, revoked or suspended? Y __ N __

If yes, explain: _____

Attach proof of certification that the applicant is a Farmer Winery.

Attach proof of certification that the event is an Agricultural Event.

Obtain the signatures below before submitting this form to the Licensing Commission.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Fire Prevention Deputy Chief or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Inspectional Services Sup't or designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Police Chief or designee	

ACKNOWLEDGEMENT

I hereby state 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. I understand that this license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I hereby certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

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:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing | |
| | <input type="checkbox"/> Health Care | |
| | <input type="checkbox"/> Other _____ | |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

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: _____

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____

Contact Person: _____ Phone #: _____