



LICENSING BOARD

Town Hall, 30 Martin Street, Essex, MA 01929 Office (978) 768-6531 Facsimile (978) 768-2505

GUIDELINES FOR A FARMER WINERY FOR OBTAINING A LICENSE TO SELL ALCOHOL AT A FARMER'S MARKET

1. 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."
2. All applicants must complete an Alcoholic Beverage Control Commission Farmer's Market License Application that is available at: <http://www.mass.gov/abcc/licensing.htm> Click on the SPECIAL LICENSES/PERMITS tab and go to #2. Farmer's Market License. The ABCC application can be downloaded at the end of this section.
3. All applicants must complete a Town of Essex Application Form (see attached).
4. All applicants must provide a certificate of liability insurance in the amount of \$1,000,000 naming the Town of Essex as an additional insured on the days of participation in the Market.
5. The fee is \$50.00 per season.
6. The completed paperwork should be forwarded to the Selectmen's Assistant, Pamela J. Witham: pwitham@essexma.org or 978-768-6531.
7. An appointment must be made with the Selectmen for review and approval of the request prior to the dates requested.



TOWN OF ESSEX LICENSE/PERMIT APPLICATION

Date of Application: _____ Fee for Farmers Market License: \$50/Season

To The Essex Licensing Board:

The undersigned hereby applies for a License/Permit in accordance with the provisions of M.G.L. Chapter 138, Section 15F relating thereto:

Name of Applicant: _____

Purpose for which license is requested: **Farmer's Market Special License** for use on:

(dates)

between the hours of _____ **and** _____ **p.m. within the confines of** _____

Will license be used for (check one): Profit _____ Non-Profit _____

I certify under the penalties of perjury that I have, to the best of my best knowledge and belief, filed all State tax returns and paid all State taxes required under law.

* Signature of Individual
or Corporate Name

By Corporate Officer

** Social Security Number or
Federal Identification Number

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

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether 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. G.L. c.62Cs.49A.

Signature of Applicant: _____

Address: _____

Telephone Number: _____