

4/23 (37)

APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

FOR LICENSING, ACTON BOARD OF SELECTMEN ONLY

Date Recorded _____

Amount Paid _____

Application Fee \$0 License Fee \$50

-paid

Date: 03/23/12

Farmer Winery Legal Name: Lexington Consulting Group, Inc.

Business DBA Name (if applicable): Turtle Creek Winery

Address with Zip Code: PO Box 601 Lincoln, MA 01773

Tax Identification Number: Check one: SSN FEIN 042674123

Primary Contact: Phone: Kip Kunkler 781 259 9976

Address with Zip Code: same

Name of Agricultural Event: A-B Farmers Market

Location: _____

Items for Sale and/or Sampling: Bottled wines

Date(s) and Time(s): _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:
Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):
Partner's/Member's/President's Name: Kipton C. Kunkler

Address with Zip Code: same

Partner's/Member's/Secretary's Name: Katherine C. Kunkler

Address with Zip Code: same

Partner's/Member's/Treasurer's Name: Katherine C. Kunkler

Address with Zip Code: 5090

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

If yes, list event(s): 2011 Chelmsford, Belmont, Wayland, Westford, etc

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.

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. This license will be subject to all of the terms, conditions, and limitations set forth in the Town of Acton's Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Town of Acton.

Signature of Applicant: [Signature] Date: _____

Print Name: Kip Kummer

Phone: 781 259 9976

Obtain the signatures below before submitting this form to the Licensing Commission. Approved Denied Date FAR 3/27/2012
Inspectional Services Commissioner or designee

Approved Denied Date _____
Fire Prevention Deputy Chief or Designee

Approved Denied Date _____
Police Chief or designee [Signature]

[Signature]

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I 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.

Leawington Consulting Group, Inc.

*Signature of Individual or Corporate Name (Mandatory)

Kriston C. Kunkler

By: Corporate Officer (Mandatory, if a corporation)

04 267 4123

**Social Security Number (Voluntary) of Federal Identification Number (Mandatory, if a corporation)

* 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 or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

The Commonwealth of Massachusetts Department of the State Treasurer

Certificate Number 337



License Number FW-35

Alcoholic Beverages Control Commission Hereby Grants a FARMER-WINERY LICENSE

To: The Lexington Consulting Group, Inc. Kipton C. Kumler, General Manager

Business Address: 28 Beaver Pond Road, Lincoln, MA, 01773

On the following described premises: (One story cement building; approx, 319 square feet 39' x 21', basement; four entrances and exits.)

This license authorizes the above-named holder: (1) to produce, rectify, blend, or fortify from fruits, flowers, herbs or vegetables wine containing not more than 24 per cent of alcohol by volume at 60 degrees Fahrenheit; and, (2) to sell wine or winery products: (a) at wholesale to any person holding a valid wholesaler's and importer's license under section 18; (b) at retail or wholesale to a person in a state or territory in which the importation and sale of wine is not prohibited by law; and, (c) at wholesale to a person in any foreign country.

This License is subject to the following conditions

1. The licensed premises and all books, records and other documents relating to the business authorized to be conducted under this license shall be subject to inspection at any time by any member of the Commission or any duly authorized agent thereof.
2. Alcoholic beverages shall not be kept or exposed for sale on premises other than those described in this license.
3. Alcoholic beverages shall not be sold delivered or furnished to any person under twenty-one years of age; or delivered by any person under eighteen years of age
4. Sales and deliveries hereunder are authorized between the hours of 8:00 o'clock AM and 11:00 o'clock PM only.
5. The above-named holder must obtain a license issued under M.G.L. c.138 § 19F to sell at retail by the bottle to consumers, for consumption off the winery premises.

IN WITNESS WHEREOF, the undersigned have hereunto affixed their official signatures this 1/11/2012

2012

This License will expire 12/31/2012 unless otherwise suspended or revoked during this period.

Handwritten signature of the Chairman.

Chairman

Handwritten signature of Susan Corcoran.

Susan Corcoran, Commissioner

Handwritten signature of Kathleen McNally.

Kathleen McNally, Commissioner

This license is issued conditionally and subject to the fact that there exists no breach of any condition of any previous license or violation of any law of the Commonwealth under any previous license and this license shall be subject to revocation, cancellation, modification or suspension for any such breach of condition or violation of law.

THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS PLACE WHERE IT CAN BE EASILY READ.

FEE \$22.00

THE COMMONWEALTH OF MASSACHUSETTS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

RICHARD K. SULLIVAN JR.
Secretary

SCOTT J. SOARES
Commissioner

March 8, 2012

AB 2012

Kip Kumler
Turtle Creek Winery
PO Box 601
Lincoln, MA 01773

Re: Certification of Agricultural Event Pursuant to M.G.L. c. 138, Section 15F

Dear Mr. Kumler:

Please be advised that your application for certification of The Acton Boxborough Farmers' Market, Sundays, 10:00 am to 1:00 pm, June 17 to October 21, 2012 as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved. A copy of this letter has been sent to the event management.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the farm-winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

Scott J. Soares, Commissioner

Enclosure

Cc: Jennifer Taylor Campbell

**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: Lexington Consulting Group, Inc

Address: PO Box 601

City: Lincoln State: MA Zip: 01773 Phone #: 781 259 9976

- I am an employer with 1 employees (full and/or part time). Business Type:
- Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - Nonprofit
 - Entertainment
 - Manufacturing
 - Health Care
 - Other
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.

Workers' compensation insurance information (if applicable):

Insurance Company Name: The Hartford

Address: Hartford Plaza

City: Hartford State: CT Zip: 06115 Phone #: 800 962 6170

Policy #: 08 WEC 15512 Expiration Date: 06/21/12

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: [Signature] Date: 03/22/12

Print Name: K. Kowler

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

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other

(revised Jan. 2008)