APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

FOR LICENSING, ACTON BOARD OF SELECTMEN ONLY
Date Recorded 5/9/14
Amount Paid $50.00

Application Fee $0 License Fee $50

Date: 5/8/14

Farmer Winery Legal Name: David W. Nelson

Business DBA Name (if applicable): Coastal Vineyards

Address with Zip Code: 61 Pardon Hill Rd, South Dartmouth, MA

Tax Identification Number: Check one: SSN FEIN

Primary Contact: Phone: 508-642-3866

Address with Zip Code: 61 Pardon Hill Rd, South Dartmouth, MA

Name of Agricultural Event: Acton Farmers Market

Location: Post St

Items for Sale and/or Sampling: Wine

Date(s) and Time(s): Sunday June 15 - Oct 26 10am - 1pm

Type of Business (Check one): ✓ Sole Proprietor __Partnership (inc. LLP) __Trust
__ Corporation (inc. LLC) __Other

IF A SOLE PROPRIETOR:
Owner's Name: David W. Nelson

Address with Zip Code: 61 Pardon Hill Rd. South Dartmouth, MA

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

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code: _____

Have you ever obtained a special farmer winery license to sell before? Y ✓ N __
If yes, list event(s):
LAST 2 YEARS AT ACTON FARMERS MARKET

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: Date: 5/8/14

Print Name: DAVID W. NELSON

Phone: 508-642-3866

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

✓ Approved __Denied Date
Fire Prevention Deputy Chief or Designee

✓ Approved __Denied Date
Police Chief or designee

✓ Approved __Denied Date
Inspectional Services Commissioner or designee

Notice to all filing for a

Farmer's Market Wine Permit

You will need to go onto the ABCC's Web Site and fill out the forms under Farmer's Market Winery Permit that they require.

Once you have filled them out on line print and submit completed forms with the Town's General Application as well as all items on our Application 1-5 and license fee of $50.00 made payable to the Town of Acton; to the Town Manager's Office for Selectmen approval.

Please note, we need 20 days to process

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

YEAR 20 14

1. Licensee Information:

ABCC License Number: (If Existing Licensee): FW-63

Name of Applicant: David W. Nelson

Business Name (d/b/a if different): Coastal Vineyards

Mailing Address: 61 Parson Hill Rd

City/Town: South Dartmouth State MA Zip 02748

Manager of Record: David W. Nelson

Phone Number of Premises: 774-202-4876

Other Phone: 508-642-3866 Email: dnelson@coastal-vineyards.com Website: www.coastal-vineyards.com

Contact Person concerning this application (attorney if applicable):

Name: City/Town: State Zip

Address: Email:

Contact Number: Fax Number:

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: Sunday June 15 - Oct 26

B. Contact person for applicant during event:

Name: David W. Nelson

Phone number of contact: 508-642-3866

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

Address of Premises for the Sale of Wine: Pearl St Acton.

City/Town: Acton State MA Zip Phone Number of Premises:

Describe Area to be Licensed:

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
David W. Nelson	FW-63	61 Pardon Hill Rd, S. Dartmouth

4. Are you providing, without charge, samples of wine to prospective customers? Yes ☑ No ☐

Section 15F specifically requires that "all samples of wine shall be served by an agent, representative or solicitor of the licensee."

A. If yes, please provide names and addresses of all agents, representatives and solicitors:

Name	Address	ABCC License Number
David W. Nelson	61 Pardon Hill, South Dartmouth	FW-63

B. Proof of Age for Sale to Consumers:

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

Mass Drivers Lic. + Military ID

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.

David W. Nelson

*If additional space is needed, please use last page.

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

6. Safety and Tax Registration:

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☐ No ☑ Registration Date: ____

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.

Note: The LLA may require additional information.

Signature: David W Nelson

Title: OWNER

Date: 5/8/14

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

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

MDAR
MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES

DEVAL L. PATRICK
Governor

RICHARD K. SULLIVAN JR.
Secretary

GREGORY C. WATSON
Commissioner

May 8, 2014

David W. Neilson
Coastal Vineyards
61 Pardon Hill Rd.
South Dartmouth, MA 02748

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

Dear Mr. Neilson:

Please be advised that your application for certification of the Acton Boxborough Farmers' Market, Sundays, 10:00am-1:00pm, June 15 to October 19, 2014 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,

Gregory C. Watson

Gregory C. Watson, Commissioner

Enclosure
Cc: Jennifer Taylor Campbell

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources

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

MDAR MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES

Application for Certification of an Agricultural Event for the Sale of Wine
Pursuant to M.G.L. c. 138, Section 15F
*To be completed by the licensed farm-winery and returned to the
Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114

1. Applicant Information:					
Name of Licensed Farm-Winery	Coastal Vineyards				
Farm-Winery License Number	FW - 63	State of Issue	MA		
Contact Person	David Neilson				
Address	61 Pardon Hill Road				
City	South Dartmouth	State	MA	Zip	02748
Phone Number	774-202-4876	Email	dneilson@coastal-vineyards.com		
Name of Agricultural Event (Please attach Approval Letter from event management as required by M.G.L. c. 138, Section 15F)	Acton Boxborough Farmers Market				

2. Event Information:					
Type of Event	☐ Agricultural Fair (as defined by MDAR policy)	☑ Farmers Market (as defined by MDAR policy)	☐ Other Agricultural Event		
Name of Event	Acton Boxborough Farmers Market- ABFM				
Event Address	Pearl St				
City	Acton	State	MA	Zip	01720
Event Phone Number	978-887-1657	Event Website	www.abfarmersmarket.org		
Primary Contact for Event	Jennifer Taylor Campbell				
Contact Address	155 Prospect St.				
City	Acton	State	MA	Zip	01720
Phone Number	978-877-1657	Email	coordinator@abfarmersmarket.org		

3. Event Description		
What are the date(s) and time(s) of the event?	Sundays June 15-Oct. 19 2014 10-1	
Is this an annual event?		☑ Yes ☐ No
How does this event promote local agriculture? Our mission is to showcase local sustainable agriculture and promote organic practices;to educate the public on food & agricultural topics;to provide for direct,informed relationships between farmers and consumers;and to benefit local farmers & the local economy.		
Are all or some of the products at the event grown and produced in Massachusetts?		☑ Yes ☐ No
How many exhibitors have products that are grown or produced in Massachusetts? all but one What is the total number of exhibitors at event? 19-21 vendors		
Does the event include Massachusetts farmers selling their own goods? (If yes, please attach a list of vendors with brief descriptions)		☑ Yes ☐ No
Does the event include competitive agriculture?		☐ Yes ☐ No ☑ N/A
Does the event have operational guidelines or rules? (If yes, please attach a copy)		☑ Yes ☐ No
Has the event been inspected by the Department in the last two years? If yes, what was the date of the inspection(s)?		☐ Yes ☐ No ☑ N/A
Is the event sponsored or run by an agricultural/horticultural society, grange, agricultural commission or association whose primary purpose is the promotion of agriculture and its allied industries?	If yes, please identify:	☐ Yes ☑ No

4. Event Management					
Name of Event Manager	Jennifer Taylor Campbell				
Manager Address	155 Prospect St.				
City	Acton	State	MA	Zip	01720
Is this person the on-site manager?	☑ Yes ☐ No				
If no, please identify on-site manager (include contact information): MM's are rotating					
If there are multiple managers please list (include contact information): Amanda Dumont 617-875-7418 Dia Chigas 315 Nagog Hill Rd. Acton 978-844-6131					

List or attach any credentials for training of the on-site manager (Attach resume if applicable):

Jenn-ABFM founder. Jenn, Amanda & Dia are LB members, MMs and vendor coordinators

4. General

Please attach or provide in the space below a plan depicting the premises and the specific location where the sale of wine will occur at the event as well as a detailed narrative of your plan operations (including the opportunity for sampling or sales only):

Our vendors occupy the full length of Pearl St. Wine will be at Windsor Ave. end of Pearl

Signature of Applicant	4/22/2014 Date
FW - 63 Farm-Winery License Number	MA State

FOR DEPARTMENT USE ONLY:

The event listed above is an approved agricultural event by the Massachusetts Department of Agricultural Resources under M.G.L. C138, Sec. 15F.

Signature | 5/1/14 Date

The event listed above is not approved as an agricultural event by the Massachusetts Department of Agricultural Resources for the following reason(s):

Signature | Date

The Commonwealth of Massachusetts
Department of the State Treasurer

Certificate Number 448 **License Number FW-63**

Alcoholic Beverages Control Commission
Hereby Grants a
FARMER-WINERY LICENSE

To: David W. Neilson dba Coastal Vineyards

Business Address: 61 Pardon Hill Road, South Dartmouth, MA, 02748

On the following described premises: (Two story cement wood building; lower part of the garage; two entrances and exits; total square feet, 1,287.)

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 1/13/2014

2014

This License will expire 12/31/2014 unless otherwise suspended or revoked during this period.

Chairman

Susan Corcoran, Commissioner

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

Revised 4/23/2007

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/12/2014

PRODUCER
CHERYL LORANGER INS AGENCY
13 CROMPTON STREET
ACUSHNET, MA 02743
508-998-0512

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
DAVID NEILSON
COSTAL VINEYARDS
61 PARDON HILL ROAD
DARTMOUTH, MA 02748

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: FARM FAMILY CASUALTY INS CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY					
		X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	$ 500,000
		CLAIMS MADE X OCCUR	2003X0283	01/08/2014	01/08/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 500,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$ 1,000,000
		POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG	$ 1,000,000
		AUTOMOBILE LIABILITY					
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	$
		ALL OWNED AUTOS					
		SCHEDULED AUTOS				BODILY INJURY (Per person)	$
		HIRED AUTOS					
		NON-OWNED AUTOS				BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY					
		ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY					
		X OCCUR CLAIMS MADE	2003B1251	11/06/2013	11/06/2014	EACH OCCURRENCE	$ 2,000,000
						AGGREGATE	$ 2,000,000
		DEDUCTIBLE					$
		RETENTION $					$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
		OTHER				E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

TOWN OF ACTON
472 MAIN ST
ACTON, MA 01720

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Cheryl Loranger

© ACORD CORPORATION 1988