

APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

FOR LICENSING, ACTON BOARD OF SELECTMEN ONLY

Date Recorded 5/7/14
Amount Paid 50

Application Fee \$0 License Fee \$50

Date: 06 MAY 2014

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: 781 259 9976

Address with Zip Code: same

Name of Agricultural Event: A-B Farmers Market

Location: Peel St.

Items for Sale and/or Sampling: Bottled wines

Date(s) and Time(s): 15 June - 26 Oct, Sundays 10-1 PM

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 Kumbor

Address with Zip Code: same

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

Address with Zip Code: same

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

Address with Zip Code: same

Have you ever obtained a special farmer winery license to sell before? Y N
If yes, list event(s): same event, previous two years

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: [Signature]

Print Name: K. Kunkler

Phone: 781 259 9976

*Pat
Hobbs*

*Pat
Hobbs*

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

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

YEAR 20

2014

1. Licensee Information:

ABCC License Number:
(If Existing Licensee)

FW35

Name of Applicant: Lexington Consulting Group, Inc.

Mailing Address: PO Box 601

Business Name (d/b/a if different): Turtle Creek Winery

Manager of Record: Kipton Kumler

City/Town: Lincoln

State MA

Zip 01773

Phone Number of Premises:

781 259 9976

Other Phone:

Email:

kip@turtlecreekwine.com

Website:

turtlecreekwine.com

Contact Person concerning this application (attorney if applicable):

Name: same

City/Town: same

State ""

Zip ""

Address: same

Email:

same

Contact Number: same

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:

14 June - 26 Oct 2014

B. Contact person for applicant during event:

Name: Kipton Kumler

Phone number of contact:

781 259 9976

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

Address of Premises for the Sale of Wine:

See attached MDAR application

City/Town:

State

MA

Zip

Phone Number of Premises:

Describe Area to be Licensed:

See attached MDAR application

**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
Lexington Consulting Group, Inc.	Farmer Winery	PO Box 601, Lincoln, MA 01773

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
K. Kumler	PO Box 601 Lincoln, MA 01773	FW 35

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 :

All personnel TIPS certified.

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.

Lexington Consulting Group, Inc.

**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

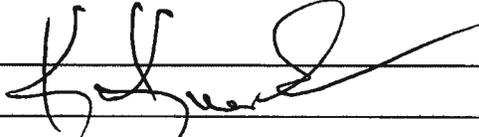
If yes, list said interest below:

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



Title

President

Date

06/28/2014

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



DEVAL L. PATRICK
Governor

RICHARD K. SULLIVAN JR.
Secretary

GREGORY C. WATSON
Commissioner

April 18, 2014

Kip Kumler
Turtle Creek Winery
P.O. 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, 10:00-1:00pm, June 15 to October 26, 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,

A handwritten signature in black ink that reads "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



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		TURTLE CREEK WINERY			
Farm-Winery License Number		FW 35	State of Issue	MA	
Contact Person		Kip Kowler			
Address		PO Box 601			
City	Lincoln	State	MA	Zip	01773
Phone Number	781 259 9976	Email	kip@turtlecreekwin.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	<input type="checkbox"/> Agricultural Fair (as defined by MDAR policy) <input checked="" type="checkbox"/> Farmers Market (as defined by MDAR policy) <input type="checkbox"/> Other Agricultural Event				
Name of Event	Acton Boxborough Farmers Market- ABFM				
Event Address	Pearl St				
City	Acton	State	MA	Zip	01720
Event Phone Number		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. 26 2014, 10AM-1PM
Is this an annual event?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How many exhibitors have products that are grown or produced in Massachusetts?	all but two
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)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the event include competitive agriculture?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Does the event have operational guidelines or rules? (If yes, please attach a copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the event been inspected by the Department in the last two years? If yes, what was the date of the inspection(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please identify: _____

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?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, please identify on-site manager (include contact information): <u>MM's are rotating</u>	
If there are multiple managers please list (Include contact information): Amanda Dumont 169 Central St. Acton 617-875-7418 Dia Chigas 315 Nagog Hill Rd. Acton 978-844-6131 Jenn Taylor Campbell 155 Prospect St Acton 978-877-1657	

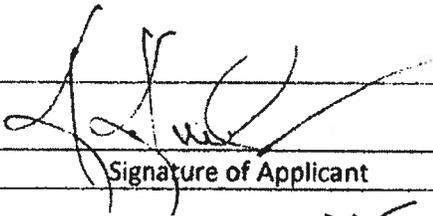
List or attach any credentials for training of the on-site manager (Attach resume if applicable):

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

04/04/14

Date

FD35

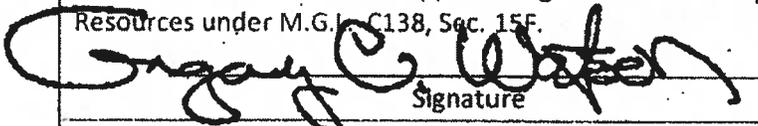
Farm-Winery License Number

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

4.16.14

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 452



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 1/19/2014

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.

Revised 4/23/2007

FEE \$22.00