

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

YEAR 20

15

1. Licensee Information:

Name of Applicant: COASTAL VINEYARDS
Mailing Address: 61 PARSON HILL RD
Manager of Record: DAVID W. NELSON
ABCC License Number: FW-63
Business Name: COASTAL VINEYARDS
City/Town: SOUTH DARTMOUTH State MA Zip 02748
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:

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 STREET
City/Town: ACTON State MA Zip 0 Phone Number of Premises:

Describe Area to be Licensed:

ACTON FARMER MARKET

**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 PARSON HILL RD, S. DORTMOUTH

**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 NELSON	61 PARSON HILL RD, S. DORTMOUTH	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 :

MA 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 NELSON

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

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(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

*Donald W. Nelson*

Title

*OWNER*

Date

# 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



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lt. Governor

MATTHEW A. BEATON  
Secretary

JOHN LEBEAUX  
Commissioner

May 15, 2015

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

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

Dear Mr. Nielson:

Please be advised that your application for certification of the Acton-Boxborough Farmers' Market, on Sundays from June 14<sup>th</sup> 2015 to October 25<sup>th</sup> 2015, from 10:00 am to 1:00 pm as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved.

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 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, appearing to read "John Lebeaux", written in a cursive style.

John Lebeaux, Commissioner

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:  
By Mail: Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114  
By Email: [rebecca.davis@state.ma.us](mailto:rebecca.davis@state.ma.us) with the subject line "Agricultural Event Certification"  
(A separate application must be completed for each event)

In order for your application to be considered complete, you must include the following documents. Incomplete applications will not be accepted.

- Signed and dated application with farm-winery license number
- List of vendors with brief descriptions of products for current year/season
- Event operational guidelines or rules for current year/season
- Resume of event manager or description of experience
- Plan depicting the premises and specific location where the license will be exercised. See Template 1.
- Approval letter from event management including the name of the licensed farm-winery and the day(s), month and year of event. See Template 2.

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	508-642-3866	Email	dneilson@coastal-vineyards.com
Correspondence preference	<input type="checkbox"/> Regular Mail	<input checked="" type="checkbox"/> Email	
<i>Note: Approval/denial letters will be sent regular mail.</i>			
Do you intend to sell, sample, or both? Check all that apply.			
<input checked="" type="checkbox"/> Sell		<input checked="" type="checkbox"/> Sample	

2. Event Information

Name of Agricultural Event	Acton - Bokborough Farmers Market [RD 5/8/15]		
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
If you selected "Other Agricultural Event", how does this event promote local agriculture?			
Event Address	Pearl Street		
City	Acton	State	MA Zip
Event Phone Number	978-877-1657	Event Website	www.abfarmersmarket.org

**3. Event Description**

What are the date(s) and time(s) of the event?

Start date 09 / 14 / 2015 End date 10 / 25 / 2015 Time 10 - 1 PM  
Month Day Year Month Day Year

If this is a weekly event, on what day of the week does the event occur? Sunday

If the event is an agricultural fair, does the event include competitive agriculture?

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?

Yes

No

If yes, identify:

**4. Event Management**

Name of Event Manager Jennifer Campbell

Email Address jencampbell84@gmail.com

Phone Number 978-877-1657

Is this person the on-site manager?

Yes

No

If no, identify on-site manager (include contact information):

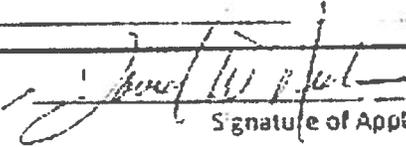
If there are multiple managers, list them and include contact information:

Attach on-site manager(s) resume(s) or list any credentials or training of the on-site manager(s):

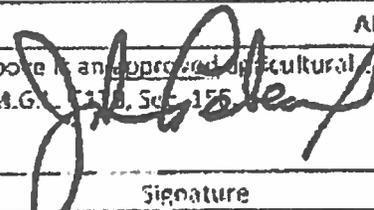
Relevant credentials include, but are not limited to, experience as a market manager, attendance at any market manager workshops, and experience with other agricultural events.  
See attached

5. General

Attach or provide in the space below a plan depicting the premises and the specific location where the license will be exercised. See template for necessary elements to include.  
See attached

 _____ Signature of Applicant	<u>5/5/15</u> _____ Date
David Neilson _____ Name (please print)	Owner _____ Title (please print)
FW - 63 _____ Farm/Winery License Number	MA _____ State

FOR DEPARTMENT USE ONLY

<b>APPROVAL</b>	
The event listed above is approved as an agricultural event by the Massachusetts Department of Agricultural Resources under M.G.A. c. 131B, Sec. 155.	
 _____ Signature	<u>5/18/2015</u> _____ Date

<b>DENIAL</b>	
The event listed above is <u>not approved</u> as an agricultural event by the Massachusetts Department of Agricultural Resources for the following reason(s): _____ _____	
_____ Signature	_____ Date

**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

Date: 4/2/15

Farmer Winery Legal Name: COASTAL VINOYARDS DAVID W. NELSON

Business DBA Name (if applicable): COASTAL VINOYARDS

Address with Zip Code: 61 PANDON HILL RD. SOUTH DARTMOUTH, MA 02748

Tax Identification Number: Check one:  SSN  FEIN

Primary Contact: Phone: 508-642-3866

Address with Zip Code: 61 PANDON HILL RD, SOUTH DARTMOUTH, MA 02748

Name of Agricultural Event: ACTON FARMERS MARKET

Location: PEARL ST.

Items for Sale and/or Sampling: STILL WINE

Date(s) and Time(s): 6/14/15 - 10/25/15 SUNDAYS 10-1pm

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 PANDON HILL RD, SOUTH DARTMOUTH, MA 02748

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: \_\_\_\_\_

*mailto:ameta@ameta-vinoworks.com*

Address with Zip Code: \_\_\_\_\_

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

If yes, list event(s):  
Acton 2012, 2013, 2014

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: David W. Nelson

Print Name: DAVID W. NELSON

Phone: 508-642-3866

Obtain the signatures below before submitting this form to the Licensing Commission.  Approved  Denied Date  
 Approved  Denied Date  
Fire Prevention Deputy Chief or Designee  
 Approved  Denied Date  
Police Chief or designee

[Signature] Deputy Fire Chief

# 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

Date: 4/2/15

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Address with Zip Code: 61 PANDON HILL RD. SOUTH DARTMOUTH, MA 02748

Tax Identification Number: Check one:  SSN  FEIN

Primary Contact: Phone: 508-642-3866

Address with Zip Code: 61 PANDON HILL RD, SOUTH DARTMOUTH, MA 02748

Name of Agricultural Event: ACTON FARMERS MARKET

Location: PEARL ST.

Items for Sale and/or Sampling: STILL WINE

Date(s) and Time(s): 6/14/15 - 10/25/15 SUNDAYS 10-1pm

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 PANDON HILL RD, SOUTH DARTMOUTH, MA 02748

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):

Acton 2012, 2013, 2014

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If yes, explain: \_\_\_\_\_

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Signature of Applicant: David W. Nelson Date: \_\_\_\_\_

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 Cheryl A. Pruzin

Kevin C. Brown

**APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL**

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Date Recorded \_\_\_\_\_

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Date: 4/2/15

Farmer Winery Legal Name: COASTAL VINOYARDS DAVID W. NELSON

Business DBA Name (if applicable): COASTAL VINOYARDS

Address with Zip Code: 61 PARSON HILL RD. SOUTH DARTMOUTH, MA 02748

Tax Identification Number: Check one:  SSN  FEIN

Primary Contact: Phone: 508-642-3866

Address with Zip Code: 61 PARSON HILL RD, SOUTH DARTMOUTH, MA 02748

Name of Agricultural Event: ACTON FARMERS MARKET

Location: POWELL ST.

Items for Sale and/or Sampling: STILL WINE

Date(s) and Time(s): 4/14/15 - 10/25/15 SUNDAYS 10-1pm

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 PARSON HILL RD, SOUTH DARTMOUTH, MA 02748

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: \_\_\_\_\_

*David W. Nelson, Winery, Acton, MA*

Address with Zip Code: \_\_\_\_\_

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

If yes, list event(s):

Acton 2012, 2013, 2014

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Signature of Applicant: Date: David W. Nelson

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

[Signature] Deputy Fire Chief

# The Commonwealth of Massachusetts Department of the State Treasurer

Certificate Number 531



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.188 § 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 1/1/2015

2015

This License will expire 12/31/2015 unless otherwise suspended or revoked during this period.

Chairman

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