

**GUIDE/REQUIRED MATERIALS FOR APPLICATION TO OBTAIN APPROVAL TO VEND UNDER THE SPECIAL FARMER WINERY LICENSE TO SELL AT THE ACTON-BOXBOROUGH FARMER'S MARKET, ACTON, MA**

Pursuant to MGL c138 s15F, a license must be obtained before selling wine at an agricultural event. Licensure is valid for the approved event only. The License fee is \$50.00.

**To complete the application:**

1. Fill in the Application for a Special Farmer Winery License. Fill in and sign the REAP Attestation. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. Attach proof of certification that the applicant is a Farmer Winery.
3. Attach proof of certification that the event is an Agricultural Event.
4. Proceed to each of these Departments to obtain sign-offs:
  - A. Fire Prevention Bureau: Monday – Friday, 9:00 – 4:00. Public Safety Building, Main Street
  - B. Inspectional Services Division: Monday – Friday, 8:00 AM – 4:00 PM, Building Department, Town hall.
  - C. Police Department: Monday – Friday 9:00 – 4:00 PM. Public Safety Building, Main Street
5. Submit the application and the fee to the Town Manager's Office, 472 Main Street, Acton. The Licensing Board (Board of Selectmen) usually meets on every other Monday Evening. Applications must be submitted at least 20 days before the meeting.

# 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: 5-22-15

Farmer Winery Legal Name: Chantalton Richards Group LLC

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 44 Old Worcester Rd Chantalton MA 01507

Tax Identification Number: Check one:  SSN  FEIN 043407925

Primary Contact: Phone: 508 248 7820

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

Name of Agricultural Event: Acton-Boxborough Farmers Mkt

Location: Pearl Street Acton MA

Items for Sale and/or Sampling: WINE

Date(s) and Time(s): 6-14 thru 10/25/2015 Sundays 10am to 1pm

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: Nathan R Benjamin Jr

Address with Zip Code: 44 Old Worcester Rd Chantalton MA 01507

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):

Lexington - Farmers Mkt  
Weyland Farmers Mkt  
Wakefield Farmers Mkt

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:

Nathan Benjamin Jr 5/22/15

Print Name:

Nathan R Benjamin Jr

Phone:

508 561 8805 cell

*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

15

**1. Licensee Information:**

Name of Applicant:	Charlton Orchards Group LLC	ABCC License Number: (If Existing Licensee)	FW-43				
Mailing Address:	44 Old Worcester Road, Charlton MA 01507	Business Name (d/b/a if different):					
Manager of Record:	Nathan R Benjamin Jr	City/Town:	Charlton	State:	MA	Zip:	01507
Other Phone:	5085618805	Email:	nate@charltonorchard.com	Website:	www.charltonorchard.com		
Contact Person concerning this application (attorney if applicable):							
Name:	Nathan R Benjamin Jr	City/Town:	Charlton	State:	MA	Zip:	01507
Address:	44 Old Worcester Road	Email:	nate@charltonorchard.com				
Contact Number:	508-248-7820	Fax Number:	n/a				

**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: June 14, 2015 thru October 25, 2015, Sundays from 10:00 am to 1:00 pm

B. Contact person for applicant during event:

Name: Patty Benjamin

Phone number of contact: 508-944-5353

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: 01720

Phone Number of Premises: 978-727-7284

Describe Area to be Licensed:

Farm Market Box Truck (04 Ford F550) with an awning and tent, approx 20' x 20' area

**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
Farm Winery License	Farm Winery	44 Old Worcester Road Charlton Ma 01507
Wine Transport and Deliver	Farm Winery Transport and Delivery	same as above

**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
Nathan R Benjamin	44 Old Worcester Road Charlton MA	N/A
Patricia M Benjamin	44 Old Worcester Road Charlton MA	n/a

**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 servers are TIPS certified. All purchasing parties must have positive proof picture ID for age verification, ie MA drivers license

**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.

Charlton Orchards Group LLC and its employees

*\*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:

10-2012

**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

*Walt Benjamin*

Title

Managing Member

Date

5/22/2015

**Additional Space**

Please note which question you are using this space for.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for students to write their answers to a question.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
4/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>A &amp; B INSURANCE GROUP, LLC</b> 239 Littleton Rd Suite 4B Westford, MA 01886	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): <b>413-665-0088</b>	FAX (A/C No.): <b>888-506-6023</b>
	<b>E-MAIL ADDRESS:</b> <b>JOHN@ABINSGROUP.COM</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
<b>INSURER A:</b> <b>ACADIA INSURANCE COMPANY</b>		<b>A</b>
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

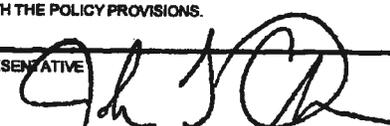
**INSURED** **Charlton Orchards Group, LLC**  
44 Old Worcester Road  
Charlton, MA 01507

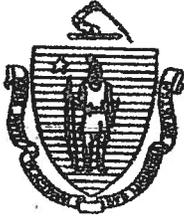
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NO.	SUBR NO.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>CFM 5089396</b>	<b>03/01/15</b>	<b>03/01/16</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPOP AGG \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY/AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>PGC00001017259</b>	<b>08/20/14</b>	<b>08/20/15</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>	<b>WCA 5162783</b>	<b>06/23/14</b>	<b>06/23/15</b>	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**SELLING FRUITS AND VEGETABLES AT THIS FARMERS MARKET.**  
**APRIL 2015 THROUGH NOVEMBER 2015**

<b>CERTIFICATE HOLDER</b>  <b>ACTON BOXBOROUGH FARMERS MARKET</b> <b>5 DUGGAN ROAD</b> <b>ACTON, MA 01720</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: Charlton Orchard Group LLC

Address: 44 Old Worcester Rd

City/State/Zip: Charlton MA 01507 Phone #: 508 248-7820

Are you an employer? Check the appropriate box:

1.  I am an employer with Seasonal employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other farm

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Acadia Insurance Company

Insurer's Address: 70 Box 789680

City/State/Zip: Philadelphia PA 19178-9680

Policy # or Self-ins. Lic. # WCA 5162783 Expiration Date: 6-23-15

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 5/15/15

Phone #: 508 248 7820

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Licensing Board
5. Selectmen's Office
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

The Commonwealth of Massachusetts  
Department of the State Treasurer

Certificate Number 514

License Number FW-43



Alcoholic Beverages Control Commission  
*Hereby Grants a*  
FARMER-WINERY LICENSE

To: Charlton Orchards Group, LLC - Nathan R. Benjamin, Jr. General Manager  
Business Address: 44 Old Worcester Road, Charlton, MA, 01507

On the following described premises: (One story wood building; building #1, five entrances and exits; Building #2, five entrances and exits; Building #3, three 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 1/1/2015

2015

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

*[Signature]*  
Chairman

*[Signature]*  
Susan Corcoran, Commissioner

*[Signature]*  
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



eTIPS On Premise 2.0 SSN:

Issued: 5/16/2014

XXX-XX-XXXX

ID#: 3725820

Expires: 5/16/2017

D.O.B.: XXXXX/XXXX

NATHAN R BENJAMIN, JR  
Charlton Orchards Group LLC  
44 Old Worcester Rd  
Charlton, MA 01507

For service visit us online at [www.gettips.com](http://www.gettips.com)

Print

Main Menu

Do not click Back-Space to leave this window

# Certificate of Completion

This Certificate of Completion of  
**eTIPS On Premise 2.0**  
For coursework completed on May 26, 2014  
provided by Health Communications, Inc.  
is hereby granted to:

**Patricia Benjamin**

Certification to be sent to:

**Charlton Orchards Group LLC**  
44 Old Worcester Rd  
Charlton MA, 01507-1371 USA



# 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

April 29, 2015

Charlton Orchards Group LLC  
Nate Benjamin Jr.  
44 Old Worcester Rd.  
Charlton, MA 01507

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

Dear Mr. Benjamin:

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.Davidson@State.ma.us](mailto:Rebecca.Davidson@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		Charlton Orchards Group LLC			
Farm-Winery License Number		FW 43	State of Issue	MA	
Contact Person	Nate Benjamin Jr				
Address	44 Old Worcester Road				
City	Charlton	State	MA	Zip	01567
Phone Number	508 248 7820	Email	nate@charltonorchard.com		
Correspondence preference		<input type="checkbox"/> Regular Mail	<input checked="" type="checkbox"/> Email		
Note: Approval/denial letters will be sent regular mail.					
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 Baboquivh Farmers Market			
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	01720
Event Phone Number	978-727-7254	Event Website	ABFarmersMarket.org		

**3. Event Description**

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

Start date 6 / 14 / 15      End date 10 / 25 / 15      Time 10 AM - 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 Taylor

Email Address actonfarmersmarket@hotmail.com      Phone Number 9788771657

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.

**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.

<u>Nate Benjamin</u> Signature of Applicant	<u>4-15-15</u> Date
<u>Nathan R Benjamin Jr</u> Name (please print)	<u>Winery Member</u> (Title (please print))
<u>FW-43</u> Farm-Winery License Number	<u>MA</u> State

**FOR DEPARTMENT USE ONLY**

**APPROVAL**

The event listed above is an approved agricultural event by the Massachusetts Department of Agricultural Resources under M.G.L. c.133, Sec. 18E.

<u>[Signature]</u> Signature	<u>4/29/2015</u> Date
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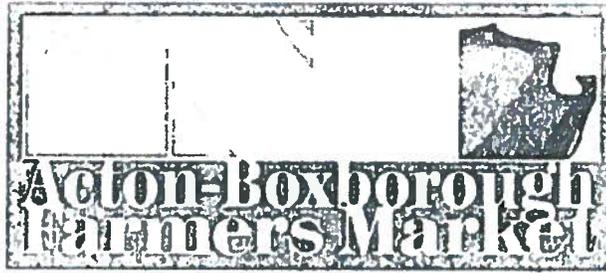
**DENIAL**

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
--------------------	---------------



Nate,

The Acton-Boxborough Farmers Market is pleased to inform you that you have been accepted as a 2015 Seasonal vendor for: Charlton Orchards Group LLC, for 6/14/2015-10/25/2015.

We truly believe having you as a vendor will help us offer a diverse collection of local food! Another letter will follow shortly with your stall placement for the season and other helpful information for market days.

Below is the checklist for a complete application. If there is anything UNCHECKED please complete that step before May 1<sup>st</sup>, 2015. If you have any questions or comments feel free to email Vendors @ ABFarmersMarket.org.

**Your application package for the 2015 season should include:**

- your completed 2015 Farmer/Vendor Application
- your completed Vendor Checklist
- your payment for seasonal, alternate-week, or per-diem participation (\$200 for seasonal; \$120 for alternate-week; \$20 per market day for per-diem); please make all payments by check or money order, payable to the Acton-Boxborough Farmers Market; your check will be cashed once you are accepted as a 2015 ABFM Vendor
- your \$100 Compliance Fee
- a copy of your plot plan, if applicable
- a copy of the coverages page of your personal liability insurance, indicating coverages of the Town of Acton and the ABFM
- If your application is accepted and you are selling meat, cheese, and/or packaged/processed goods, you will need an Acton BOH permit.** Please contact Sheryl Ball at the Acton Health Department at 978.264.9634.

**Please mail all remaining correspondence to:**

Acton-Boxborough Farmers Market, 5 Duggan Road, Acton, MA 01720

Thank you very much for your interest, and Happy Spring from everyone on the ABFM Vendor Committee!!!

Vendor	Contact Name	Address	City	State	Zip	Phone	Email	Description
Seasonal								
Mamadous Flats Mentor Farm	Mame See Yang	63 Swanton St 190 Reingold Ave	Winchester, MA	MA	01890	781-492-0767	corambaye@aol.com syang978@gmail.com	Artisan bread baker.  A farm specializing in Asian greens. Small scale meat producer raising animals responsibly with extreme attention to care, comfort, nutrition and the quality, striving to produce the most sustainable, healthy meat possible.  Selling authentic Egyptian and Lebanese food made from fresh ingredients with no added preservatives.
Lilac Hedge Farm	Ryan Mackay	32 Walnut St	Berlin, MA	MA	01503	774-249-4675	ilachedgefarm@aol.com	
Samiras Homemade	Regab Hamdown	203 Belmont St	Belmont, MA	MA	02478	617-489-3400	info@samirashomemade.com	
Stillmans	Kate Stillman	561 Thresher Rd	Hardwick, MA	MA	01037	413-477-0345	kstilly29@aol.com	A small artisan family farm producing conscientiously-raised grass-fed and pastured beef, pork, lamb and poultry.
Hungry Bear Farm	Gene Jonas	27 Fairfield Ln	Wilton, NH	NH	03086	978 935-1797	gene@hungrybearfarm.com	A small certified naturally grown produce farm, also selling at the Peterborough, NH market.
Hapberly Farm	Kim Hapgood-white					215-900-4076	<a href="mailto:hapberlyfarms@gmail.com">hapberlyfarms@gmail.com</a>	Cut flowers.  A diverse vegetable farm growing all of their vegetables without the use of chemical fertilizers or pesticides who sell at a total of three farmers markets.
Dragonfly Farms	Susan Ventura Anothony Levick	40 Prescott St 545 West Hill Rd	Pepperell, MA	MA	01463	978-433-3906	farminfo@dragonfly-farms.com	
Monadnock			Troy, NH	NH	03465	603-243-6417	monadnockberries@gmail.com	
Applefield Farm	Ray Mong	98 Old Bolton Rd	Stow, MA	MA	01775	508 932-3834	RGMFarmer@yahoo.com	30 year old, 25 acre small-scale vegetable farm selling organically grown (but not certified) produce to 3 total markets plus at their own farm stand  Bakery/Deli selling bagels in bulk and to go at market sliced with cream cheese
Bagel Alley	Brett Fletcher	1 Eldridge St	Nashua, NH	NH	03060	603 882-9343	bagelalley@ac1.com	

A six acre value-added farm, growing the ingredients to make their own pasta sauces, gourmet ravioli and fresh pasta.

Small batch nut roaster.

Selling chowders & bisques that are handcrafted using the finest ingredients and freshest sustainable chemical free seafood available without the use of wheat products, MSG, yeast extracts, preservatives, hydrogenated oils, modified food starches, artificial ingredients or flavorings.

A boutique farm winery producing classic wines from noble grapes.

Eight acre vineyard producing small batches of fine creative wines produced from their own estate grown grapes.

Small 3 acre vegetable farm only growing vegetables from non-GMO untreated seed, using organic practices to improve soil quality and grow sustainably.

Producer of a delicious, versatile sweet and spicy sauce also selling at the Natick market.

Diversified vegetable farm located on 14 acres in its first season growing approximately 50 types of vegetables using organic methods. They began the 3-year organic certification process in 2015 and this season also sell vegetables via a CSA and through their Farm Store. We are their only market.

Valicenti Organic Alternating	David Valicenti	11 Monument Sq	Hollis, NH 03049	603-459-3627	gmmiespaghetti@yahoo.com	
Q's Nuts	Brian Quinn	349 Highland Ave	Somerville, MA 02144	978-500-5992	qsnuts@gmail.com	
Fishwives Specialty Foods	Mandy Williamson	1 Green St	Marblehead, MA 01945	617-803-1509	wickedchowdah@gmail.com	
Turtle Creek Winery	Kip Kumler	PO Box 601	Lincoln, MA 01773	781-259-9976	<a href="mailto:kip@turtlecreekwine.com">kip@turtlecreekwine.com</a>	
Coastal Vineyard	David Nelson	61 Pardon Hill Rd	South Dartmouth, MA 02748	508 642-3566	dnelson@coastal-vineyards.com	
Crooked Row Fields	Elena Colman	82 Fitchburg Turnpike	Concord, MA 01742	978-257 9990	elena.colman@gmail.com	
Sa's Homestyle Per Diem	James Glick	345R North Main St	Natick, MA 01760	508-397-0961	sashomestyle@gmail.com	
Barrett's Mill Farm	Melissa Maxwell	449 Barrett's Mill Rd	Concord, MA 01742	734-417 9180	melissa@barrettsmillfarm.com	

A small diversified farm raising their animals with love and sustainability in mind producing soap products.

978-827-1305 farm@hamesaxle.com

Ashburnham, MA  
18 Kraetzer Rd 01430

Hames Axle Pat Stewart

Selling confections baked to order, using pure ingredients including quality butter, fresh farm eggs, real vanilla and delicious chocolate

sara@saranawaywiththespoon.com

617-921-0716 om

Lexington, MA  
36 Webster Rd

Sara Ran Away with the Spoon Sara Lane

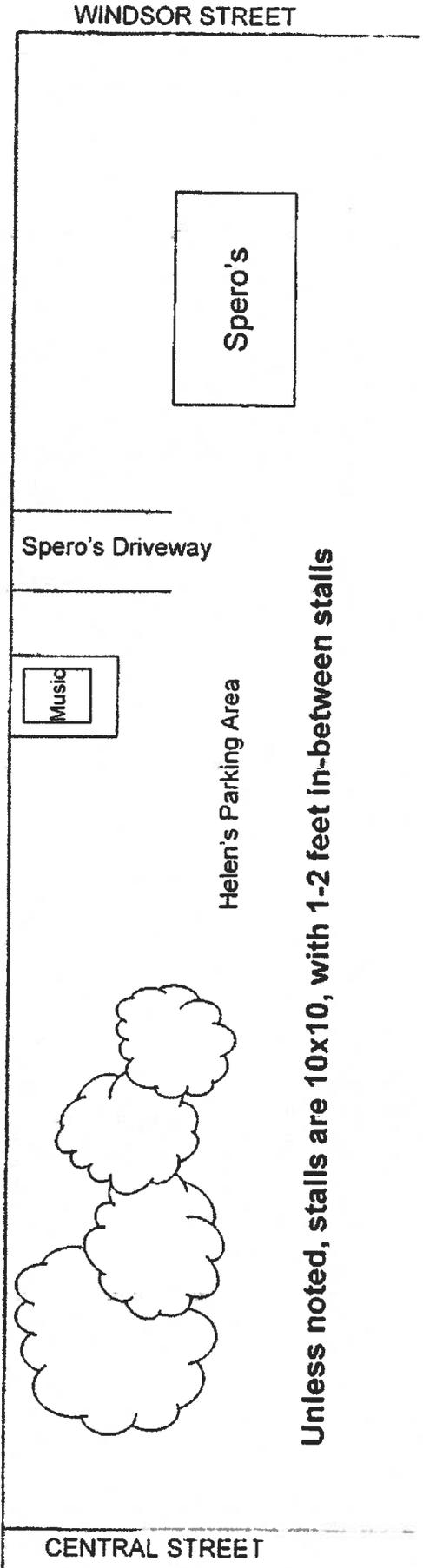
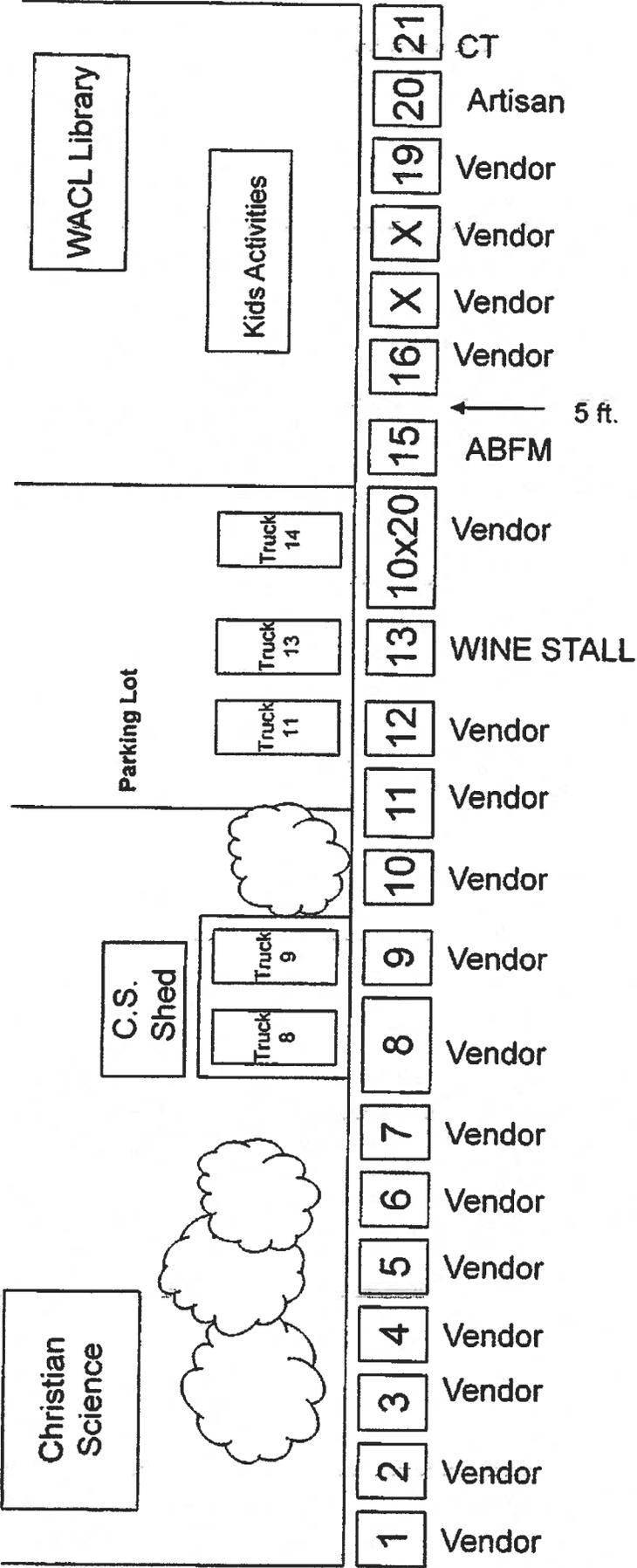
A baker specializing in unique flavors of cookies as well as marshmallows, s'mores and brownies.

info@cookiebadytreats.com

559-301-9440

Maynard, MA 01754

Cookie Lady Laura Weinstein



Unless noted, stalls are 10x10, with 1-2 feet in-between stalls

# JENNIFER CAMPBELL

5 Duggan Road | Acton, MA | 01720  
JenCampbell84@ymail.com | 978-877-1657

## OVERVIEW

I am a hands on laboratory technologist focused on quality patient care and laboratory practices. I am consistently seeking new ways to streamline laboratory workflows, eliminating waste and laboratory errors. I am a strong team player with an ability to multi-task, creating an efficient environment to get quality results out in timely manner.

## PROFESSIONAL EXPERIENCE

**Massachusetts General Hospital, Boston, Massachusetts** 2007- 2012

### Laboratory Technologist

Duties: Performed patient testing Special Coagulation and Special Chemistry. During my 5 years at MGH I consistently took on projects above my position on my own accord. Some of these projects included: assisting the senior technologist in the correlations and set-up of new instrumentation for ELISA testing, entering correlation data for various projects, revising or writing procedures throughout the department including the creation of all CLA procedures. I also assisted with new hire training, and served as the lab's safety officer.

**Nashoba Valley Hospital, Ayer, Massachusetts** 2006- 2007

### Laboratory Technologist

Duties: Performed patient testing in Hematology, Coagulation, Chemistry, Blood Blank, Microbiology and Urinalysis, instrument maintenance and quality control/quality assurance, updated and wrote SOP's for multiple departments

**Acton-Boxborough Farmers Market, Acton, Massachusetts** 2008 - Present

### Founder and Coordinator

My management skills draw from my real life volunteer efforts I've led, including the creation of the Acton-Boxborough Farmers Market. My formation of the market, the leadership board of directors, and the identification of the market's goals and mission, have provided me with the perspective necessary to influence others, delegate authority, and make the tough calls needed to move issues forward to resolution.  
[www.abfarmersmarket.org](http://www.abfarmersmarket.org)

## EDUCATION

**MS, Clinical Lab Science and Healthcare Administration** 2015  
University of Massachusetts Lowell, Lowell Massachusetts  
Cumulative GPA 3.6

**BS, Medical Laboratory Science** 2006  
University of Massachusetts Dartmouth, Dartmouth Massachusetts

## UNDERGRADUATE RESEARCH

**Massachusetts Association of Blood Bank's Annual Meeting**  
Abstract: Bacterial Contamination in Platelet Transfusions.

**Clinical Laboratory Science Society of Central New England Annual Meeting, RI**  
Poster Session: Bacterial Complications in a Patient with AML4.

**Clinical Laboratory Science Society of Central New England Annual Meeting,, RI**  
Poster Session: Enterohemorrhagic E. coli 0157:H7.

**American Society for Clinical Laboratory Science Research Competition**  
Streptococcus pyogenes as the Causative Agent of Necrotizing Fasciitis.

## CERTIFICATION

MT (ASCP) 224246

## INSTRUMENTS

Coagulation:  
Beckman ACL 10000  
Beckman ACL 1000  
Stago STart4  
Stago STA-R Evolution  
Biomerieux MDAII  
AggRAM  
PFA-100

Urinalysis  
Clinitek 50  
Clinitek 500

Blood Bank:  
Ortho ID-MTS System

Hematology.  
Coulter LH500  
Coulter LH750

Chemistry  
Beckman CX5  
Beckman DxC 600  
Beckman DxC 800  
Beckman Access  
Roche E170 Modular System  
ELISA :  
GRIFOLS Triturus

Genetic :  
Qiagen QIAcube

## LABORATORY SOFTWARE

MEDITECH  
Sunquest/MISYS  
Smarterm

## PERSONAL INTERESTS

Gardening  
Cooking  
Kayaking  
Family



## 2015 Rules of Operation

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### MISSION

The mission of the Acton-Boxborough Farmers Market (ABFM) is to showcase local sustainable agriculture and promote organic practices; to educate the public on food and agriculture topics; to provide for direct, informed relationships between farmers and consumers; and to benefit local farmers and the local economy, as well as public health, community vitality, and regional environmental and economic sustainability.

### ABFM MARKET PRINCIPLES

The ABFM Leadership Board (LB) chooses each season's Vendors on the bases of market needs and these criteria:

- the ABFM is a producer-only market
- strong preference for locally grown and/or produced crops and products
- optimal diversity and mix of products (no guarantees of exclusivity of products are made or implied)
- preference for organic and/or environmentally responsible practices and products/ingredients
- preference for animal products from animals that are sustainably raised and/or harvested, and humanely handled and/or processed
- preference for whole, rather than highly processed, foods (concession-style foods and ready-to-eat meals are not permitted)

### ABFM 2015 RULES OF OPERATION

#### PRODUCTS

- All produce and products sold by an ABFM Vendor must be grown and/or produced by the Vendor. An ABFM LB member and/or representative may visit a Vendor's farm or production facility during business hours, at the LB's discretion. Please include a plot plan with your application.
- Vendors selling value-added products should source locally as many constituent ingredients as possible, value-added products must be made by the Vendor. All ingredients must be raised, harvested, prepared for resale, packaged, and displayed in accordance with federal, state, and local regulations.
- Vendors may sell one pre-approved, non-food, promotional item. Please contact the Coordinator for more information.
- Vendors may take orders for their products; all ABFM 2015 Rules of Operation apply.

#### VENDOR PARTICIPATION

The ABFM Market Manager is responsible for all activities at the market, and will enforce all rules and regulations. Vendors must comply with her/his requests or directives; disregard of market rules or regulations, or disrespectful conduct will result in review by the ABFM LB. Any disputed issue may be appealed in person to the Leadership Board; the decision of the LB will be final. If a Vendor has any problems, questions, or concerns during the market, he/she is encouraged to talk to the Market Manager.

- Vendors may join the ABFM as seasonal, alternate-week, or per-diem participants.
- The ABFM is an all-weather market; Vendors are expected to participate "rain or shine." In the event of extreme weather, the Market Manager will notify Vendors of market cancellation.
- Vendors who are not accepted as 2015 ABFM participants may request to be placed on our Vendor Wait List; placement on the list is at the discretion of the Leadership Board. If, during the market season, a Vendor stall becomes available for a specific date, the Market Manager may offer that day's available stall to a Vendor from the Vendor Wait List.
- All Vendors must comply with the ABFM 2015 Rules of Operation. The ABFM reserves the right to revoke or deny market participation to any Vendor at any time.

### Seasonal, Alternate-Week, and Per-Diem Participation

- Seasonal Vendors participate in every market day during the season. Alternate-Week Vendors participate every other week during the ABFM season. Per-diem participation is available to Vendors who would like to participate in the market on an occasional basis, and is limited to no more than five (5) market days per season. Frequency and scheduling will be at the discretion of the LB.
- Stall sharing, by two smaller Vendors, is permissible for seasonal or per-diem participants, on a 50-50 basis. Each prospective Vendor must submit his/her own application materials, but both sets should be submitted together. One Vendor must be the primary communication and fiscal contact with ABFM; both Vendors must be present at market.

### Stall Size and Fees

- Stall areas are 10' x 10'. The seasonal stall fee is \$200; for alternate-week participation, \$120; and for per-diem participation, \$20 per market day. **All Vendors must also submit a \$100 Compliance Fee; please see Attendance, and Market Day Setup and Breakdown, sections for details.** All fees are nonrefundable once a Vendor is accepted to the ABFM. No stall is considered reserved until Stall Fee and Compliance Fee have been received by the ABFM.

### Attendance

- Vendors are expected to attend every market day for which they are scheduled. Vendors are allowed one anticipated absence with prior approval. Please indicate on your application if there is a date on which you now know you cannot attend market.
- Any vendor who is late (i.e., who arrives at market after 9:45am) or misses a market day without prior notice and approval (at least 48 hours prior to market) will forfeit all or part of their \$100 Compliance Fee and risk termination of their participation in the ABFM. Vendors who do not violate the attendance policy during the 2015 season will have their Compliance Fee returned to them at season's end. Please see chart below for details on enforcement of the Attendance policy and how the Compliance Fee operates. **If you have any questions, please contact the Vendor Coordinator at 617-875-7418 or via email at vendors@abfarmersmarket.org.**
- To report and get approval for a market day absence, please do **BOTH** of the following: call the Market Manager at 978.727.7284 **AND** send an email message to Vendors@ABFarmersMarket.org.
- In the event that a Vendor is absent, the ABFM reserves the right to use that stall at its discretion.

#### HOW THE COMPLIANCE FEE WORKS

Violation #	Late (arrive after 9:45am)	No Show (with prior call and email)	No Show (without prior call and email)
1	written warning	prior approval / excused	written warning + \$50 debited from Compliance Fee
2	written warning + \$25 debited from Compliance Fee	written warning + \$50 debited from Compliance Fee	termination from market + balance of Compliance Fee debited
3	written warning + \$50 debited from Compliance Fee	termination from market + balance of Compliance Fee debited	N/A
4	termination from market + balance of Compliance Fee debited	N/A	N/A

**NOTE:** Please see Market Day Setup and Breakdown section for additional Compliance Fee information.

### Permits/Licenses/Insurances

- Vendors must be in compliance with all permitting and licensing requirements established by the Town of Acton, State of Massachusetts, and bodies of the federal government (including but not limited to those noted in these ABFM 2014 Rules of Operation).

#### ACTON HEALTH DEPARTMENT REQUIREMENTS

- Packaged or processed goods, including cheese, cider, fish, and meats: Acton Health Department permit required
- The Acton Health Department Temporary Food Permit fee is \$25 per day, or \$50 per year. Please contact Sheryl Ball of the Acton Health Department with any questions at 978.264.9634.
- Scales used at the market must be sealed and inspected.
- Vendors are independent entities and, as such, are liable for applicable insurances. Vendors must carry their own general liability insurance (in amounts not less than \$1,000,000 per person per incident and \$1,000,000 aggregate), and product liability insurance (in an amount not less than \$1,000,000). Please name the ABFM, its Leadership Board, volunteers, members, or agents, and the Town of Acton as additionally insured. Furthermore, Vendor vehicle liability insurance is required.

## **MARKET DAY**

### **Setup and Breakdown**

- On arrival at the market, Vendors should check in with the ABFM Market Manager to confirm stall placement for the day.
- Vendors may not arrive on site before 8:30am, and must have their stall areas set up and be ready to sell no later than 9:45am. For safety reasons, the road will be barricaded at 9:45; neither setup nor breakdown may occur during market hours (10am to 1pm). Vendors must keep their displays and inventory within the boundaries of their stall spaces.
- Vendors are responsible for providing their own equipment (tables, canopies, scales, etc.), and for ensuring that all structures are secure. For safety, weights for canopies/tents at market are mandatory, with a required minimum of 25 lbs. securely attached to each individual canopy leg, and 40 lbs. per canopy leg recommended. (Please see [www.southendopenmarket.com/tips3.htm](http://www.southendopenmarket.com/tips3.htm), for more detailed information on canopy/tent weighting.) Vendors who fail to weight their canopies as required will be given a warning after the first violation; a second violation will trigger another warning and \$25 debited from the Vendor's Compliance Fee; a third violation will trigger another warning and \$50 debited from the Vendor's compliance fee; a fourth violation will cause forfeit of the entire Compliance Fee and put the Vendor at risk for termination from the ABFM.
- Each Vendor will be responsible for keeping her/his area clean and picked up during and after the market.
- Currently, there is no access to water or electricity for Vendor use. Use of generators at market is not permitted without prior approval from the ABFM Leadership Board.

### **Vehicles**

- There are a limited number stalls with vehicle space directly behind; these will be assigned on an as-needed basis. Vendors are encouraged to unload vehicles promptly and remove them from Pearl Street as soon as possible so others can unload. All vehicles must be removed from Pearl Street no later than 9:45am and may not return for breakdown prior to market closing.

### **Display**

- The Market Manager may require a Vendor to change his or her display if it is deemed a safety risk or otherwise does not comply with ABFM 2015 Rules of Operation.
- Stall displays must include clear signage for: Vendor or farm name; product prices. Vendors are encouraged to post the locations (towns) of their farms or farm-related businesses.
- Vendors must clearly display all applicable licenses; any required Acton Health Department, federal, and state permits; and USDA or other organic certification documents, if relevant.

### **Miscellaneous**

- The ABFM accepts SNAP benefits. Vendors are encouraged to display notice of their participation in WIC, Senior Coupons, or other programs at their market stalls.
- The ABFM discourages the presence of the following items/activities at market: firearms, alcoholic beverages (other than Vendor products), smoking, or items not approved for sale by the ABFM Leadership Board. Vendors may not bring animals to the market unless specifically arranged for through the LB.

## **THE FINE PRINT**

The applicant Vendor's signature on the 2015 Acton-Boxborough Farmers Market (ABFM) Application verifies that the Vendor has carefully read, understands, and agrees to all provisions of the ABFM 2015 Rules of Operation. All market rules will be enforced, and failure to comply can and may result in termination of a Vendor's market participation, which may include immediate vacating of the market site. The Vendor acknowledges and agrees that the ABFM, its Leadership Board, and its agents, members, and volunteers, as well as the Town of Acton, shall have no liability for any incidental or consequential damages, loss of business, or otherwise for terminating this Contract.

All authorized Vendors participating in the ABFM 2015 season agree that they are independent operators and not partners or participants in a joint venture, and shall be individually liable for any loss, personal injury, deaths, and/or any other damages that may occur as a result of the Vendor's negligence or that of its employees, agents, and associates. All Vendors agree to indemnify and save the ABFM, its Leadership Board, and its volunteers, members, and agents, as well as the Town of Acton, harmless from any loss, costs, damages, and other expenses, including attorney's fees suffered or incurred by ABFM by reason of Vendor's negligence or intentional misconduct or that of its employees, agents, and associates.

Vendor agrees to save, hold harmless, and indemnify the ABFM, its Leadership Board, and its agents, members, and volunteers, as well as the Town of Acton, from and against any and all liabilities, claims, demands, expenses, fines, penalties, suits, proceedings, actions, and causes of action of any and every kind and nature arising out of or in any way connected with the Vendor's use of occupancy of the premises, or any of the Vendor's activities in the market, or those of Vendor's agents, contractors, employees, customers, and invitees while in or on the premises and/or the market.

Vendor agrees that no individual member, volunteer, or agent of the ABFM or its Leadership Board, nor the Town of Acton, shall have any personal liability with respect to any of the provisions of this Contract. Under no circumstances shall a Vendor have a claim or cause of action against any individual member, agent, or volunteer of ABFM or its Leadership Board, or the Town of Acton, with respect to any breach of this Contract by ABFM, or for any injury or damage sustained by Vendor, its employees, contractors, agents, customers, or invitees arising out of or in connection with Vendor occupying and/or operating retail business on the premises or in the market. This provision shall inure to the benefit of the ABFM, its successors and assigns, and their respective principals.