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: 1st day 2015

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: FEIN_X

04-2674123

Primary Contact: Phone: 781 259 9976

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

Name of Agricultural Event: A-B Farmers Market

Location: Pearl Street

Items for Sale and/or Sampling: Bottled wines

Date(s) and Time(s): 14 June - 18 October 2015

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust

X 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 Kumler

Address with Zip Code: Same

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

Address with Zip Code: Same

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

Address with Zip Code: Same

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

If yes, list event(s): A-B four years, Lexington, Belmont, Wayland, Winchester, etc.

Have you ever had a special farmer winery license denied, revoked or suspended? Y __ N _X_

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: _____ 05/14/15

Print Name: Kip Kumler

Phone: 781 259 9976

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

X Approved __ Denied Date
Fire Prevention ~~Deputy~~ Chief or Designee

__ Approved __ Denied Date
Police Chief or designee

__ Approved __ Denied Date
Inspectional Services Commissioner or designee

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Business/Organization Name: Lexington Consulting Group, Inc. dba Turtle Creek Winery

Address: 28 Beaver Pond Rd

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

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ 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 _____

*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: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

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: _____ Date: _____

Phone #: 781 259 9976

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 #:**_____

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

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Lexington Consulting Group, Inc

*Signature of Individual or Corporate Name (Mandatory)

K. Kunler K. Kunler Pres.

By: Corporate Officer (Mandatory, if a corporation)

042674123

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

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

THE COMMONWEALTH OF MASSACHUSETTS
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

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lt. Governor

MATTHEW A. BEATON
Secretary

JOHN LEBEAUX
Commissioner

April 29, 2015

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

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

Dear Mr. Kumler:

Please be advised that your application for certification of the Acton-Boxborough Farmers Market, on Sundays from June 14th 2015 to October 18th 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,

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

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:
By Mail: Agricultural Event Certification Program, 251 Causeway Street, Suite 500, Boston, MA 02114
By Email: 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	Turtle Creek Winery		
Farm-Winery License Number	FW-35	State of Issue	MA
Contact Person	Kip Kumler		
Address	PO Box 601		
City	Lincoln	State	MA
Zip	01773		
Phone Number	781 259 9976	Email	kipk@me.com

Correspondence preference ☐ Regular Mail ☑ Email
Note: Approval/denial letters will be sent regular mail.

Do you intend to sell, sample, or both? Check all that apply.
☑ Sell ☑ Sample

2. Event Information

Name of Agricultural Event	Acton-Boxborough Farmers Market		
Type of Event	☐ Agricultural Fair (as defined by MDAR policy)	☑ Farmers Market (as defined by MDAR policy)	☐ Other Agricultural Event

If you selected "Other Agricultural Event", how does this event promote local agriculture?

Event Address	Pearl St		
City	Acton	State	MA
Zip	01720		
Event Phone Number		Event Website	ABFarmersMarket.org

3. Event Description

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

Start date 06 / 14 / 15 (Month / Day / Year) End date 10 / 18 / 15 (Month / Day / Year) Time 10-1 pm PD 9/23/2015

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.

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.*

Attached

Signature of Applicant	04/05/15 Date
K. Kumler Name (please print)	Owner Title (please print)
FW 35 Farm-Winery License Number	MA 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.138, Sec. 15A.

Signature	4/24/2015 Date

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

The Commonwealth of Massachusetts
Department of the State Treasurer

Certificate Number 508 **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 1/1/2015

2015

This License will expire 12/31/2015 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