

**ONE DAY LICENSE
ALL ALCOHOL / BEER & WINE**

1. The Board may issue a Wine & Malt License to any applicant, however only non-profit organizations may be issued a One Day All Alcohol License.
2. No more than 30 One Day Licenses may be issued to any person per calendar year.
3. Special License holder MUST purchase alcoholic beverages from a Licensed Massachusetts Wholesaler. A list of authorized Wholesalers can be found on the ABCC website.
4. The hours during which sales/consumption of alcoholic beverages may be made under a one day license shall be from 11:00 AM to 11:00 PM, Monday through Saturday, and from 12:00 noon to 11:00 PM on Sundays.
5. All individuals involved in the service of liquor are required to be certified as trained in alcohol service safety (such as TIPS, SafeServ, or other alcohol service safety program).

Attached please find application and Workers Compensation Affidavit form that must be completed and submitted to the Town Administrator's office.

In addition, the following items are required to be submitted with your application:

1. Workers Compensation Affidavit must be filed out by the bartender/caterer service and, if applicable a copy of the policy declaration page showing the policy number and expiration date.
2. Proof of Certification in alcohol service safety program for all servers. The Certification certificate must not have an expiration date that is prior to your event.
3. Copy of Liquor Liability Insurance. Town must be named as additional insured for the event. (before License is issued)
4. Copy of Hold Harmless Agreement

Fee information: (Please make check payable to the Town of Somerset)

One Day Wine & Malt License - \$250.00

One Day All Alcohol License - \$25.00

Non-profit Organization - No Charge

Should you have any questions, please feel free to contact the Town Administrator's office at 508-646-2800 Paula Ramos, Assistant to Town Administrator.



BOARD OF SELECTMEN
TOWN OF SOMERSET
MASSACHUSETTS

02726

TOWN OFFICE BUILDING – WOOD AND COUNTY STREETS

M.G.L. CHAPTER 138, SECTION 14

APPLICATION FOR A SPECIAL

ONE DAY LICENSE

All Alcohol / Beer Wine

Applications must be submitted at least four (4) weeks in advance of the event.

The Board may issue a Wine & Malt License to any applicant; however only non-profit organizations may be issued a One Day All Alcohol License.

No more than 30 One Day Licenses may be issued to any person per calendar year. Special License holders MUST purchase alcoholic beverages from a Licensed Massachusetts Wholesaler. A list of authorized Wholesaler can be found on the ABCC website.

NAME OF LICENSEE: _____

RESPONSIBLE MANAGER: _____

ADDRESS: _____

CONTACT INFORMATION: Phone Number: _____ E-Mail Address: _____

EFFECTIVE DATE FOR REQUESTED LICENSE: _____ Approximate # of Persons: _____

HOURS OF OPERATION: _____

(The hours during which sales/consumption of alcoholic beverages may be made under a one day license shall be from 11:00 am to 11:00 pm, Monday through Saturday, and from 12:00 noon to 11:00 pm on Sundays).

DESCRIPTION OF THE LICENSED PREMISES: _____

Entertainment: Yes No If yes, type of entertainment: DJ

Attendance by: Invitation Tickets If tickets, General Public Members Only

Persons under 21 in attendance: Yes No Liquor to be: Served Sold

Serves' Name(s): _____ Certification: _____

Serves' Name _____ Certification: _____

Serves must be certified as trained in alcohol service safety (such as "TIPS", "SafeServ", or other alcohol service safety program. Proof of certification must be submitted with the application. The certification certificate must not have an expiration date that is prior to your event.

FOR THE SALE OF: All Alcoholic Beverages _____
(Non-Profit Organization Only)
Wines & Malt Beverages Only _____
Wines Only _____
Malt Beverages Only _____

IS THE LICENSED ACTIVITY OR ENTERPRISE FOR:
Profit _____ Nonprofit _____

Fee Information: (Please make check payable to the Town of Somerset):
One Day Wine & Malt License - \$25.00
One Day All Alcohol License _ \$25.00
Non-Profit Organization – No Charge

Workers' Compensation Affidavit: Must be filled out by the bartender/caterer service and, if applicable, a copy of the Workers' Compensation Certificate of Insurance submitted.

Hold Harmless Agreement and Insurance:
As a condition of granting a license, the Town requires that the license holder execute a hold harmless agreement. The Local Licensing Authority may also require the license holder to purchase a liquor liability policy; with limits of \$50/100/100 (\$50,000 any one incident/\$100,000 total any one incident/\$100,000 aggregate) for an event with a maximum number of expected attendees not to exceeds 249; and a liquor liability policy with limits of \$100/100/200 (\$100,000 any one incident /\$200,000 total any one incident/\$200,00 aggregate) for events with a number of expected attendees exceeding 249. The Town of Somerset must be named on the certificate as an additional insured for the event.

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.

If this one-day liquor license is granted, I hereby agree to abide by all rules, and applicable liquor regulations set forth by the Alcoholic Beverages Control Commission and the Town of Somerset concerning the sale and consumption of alcohol, particularly with regard to minors. No person under the age of twenty-one shall be served alcoholic beverages.

Authorized Representative (signature)

Title: _____

Date: _____ FID or Tax Exempt Number: _____



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: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia