

FARMER'S MARKET
(CH.138, §15F)

YEAR 2016

CK# 2921 \$50.00

1. Licensee Information:

ABCC License Number:
(If Existing Licensee)

FW - 63

Name of Applicant: David W. Neilson

Mailing Address: 61 Pardon Hill Road

Business Name (d/b/a if different): Coastal Vineyards

Manager of Record: David W. Neilson

City/Town: South Dartmouth State MA Zip 02748

Phone Number of Premises: 774-202-4876

Other Phone: 508-642-3866

Email: info@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:

June 8 - October 26, 2016 Wednesdays from 2 - 6:30PM

B. Contact person for applicant during event:

Name: David W. Neilson

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: Arlington Farmers Market, Russell Commons Municipal Parking lot

City/Town: Arlington

State

MA

Zip

02474

Phone Number of Premises:

781-858-8629

Describe Area to be Licensed:

Arlington Farmers Market

RECEIVED
SELECTMEN'S OFFICE
ARLINGTON, MA 02476
2016 MAR 23 AM 11:02

**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
Coastal Vineyards	FW -63	61 Pardon Hill Road, South Dartmouth, MA

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 W. Neilson	61 Pardon Hill Road,	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 License and 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 W. Neilson

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

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

6. Safety and Tax Registration:

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☐ No ☒ Registration Date:

7. Disclosure of License Disciplinary Action:

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled?

Yes ☐ No ☒

If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Note: The LLA may require additional information.

Signature



Title

Owner

Date

3/14/2016

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

March 10, 2016

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

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

Dear Mr. Neilson:

Please be advised that your application for certification of the Arlington Farmers' Market, on Wednesdays from June 8th 2016 to October 26th 2016, from 2:00 pm to 6:30 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 over a faint, circular official stamp.

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 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	
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	Arlington 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	Russell Commons Municipal Parking Lot at Mystic St / Winslow Street		
City	Arlington	State	MA Zip 02474
Event Phone Number	781-858-8629	Event Website	www.farmersmarketarlington.org

3. Event Description

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

Start date 06 / 8 / 2016 End date 10 / 26 / 2016 Time 2 - 6:30
Month Day Year Month Day Year

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

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 Patsy Kraemer

Email Address patsylkraemer@comcast.net

Phone Number 781-858-8629

Is this person the on-site manager?

☒ Yes

☐ No

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

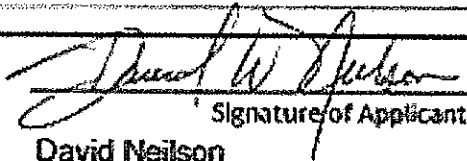
If there are multiple managers, list them and include contact information:

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

David Neilson

Name (please print)

FW - 63

Farm-Winery License Number

3/2/2016
Date

Owner

Title (please print)

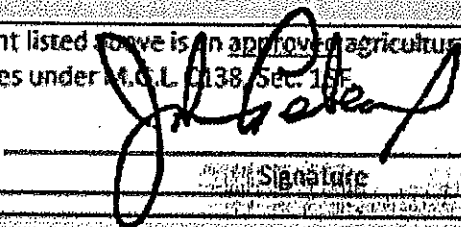
MA

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. Ch. 138, Sec. 1B.


Signature

3/10/2016
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