

# Town of Newbury, MA One-Day Liquor License Information

## APPLICATION DATE:

**Submittal Deadline: At least twenty-one (21) days prior to Event.**

**MGL, CHAPTER 138, SECTION 14:** The Local Licensing Authorities may issue special licenses for the sale of Wine and Malt Beverages to any enterprise; however, Special Licenses for the sale of All Alcoholic Beverages may **ONLY** be issued to Non-Profit Organizations (proof of non-profit status is required). A caterer must obtain a Special License when arranging for the delivery of alcohol on which they shall make a profit

SPECIAL ONE DAY LICENSEES MUST PURCHASE ALCOHOLIC BEVERAGES FROM A LICENSED SUPPLIER. SPECIAL LICENSEES **CANNOT** PURCHASE ALCOHOLIC BEVERAGES FROM A PACKAGE STORE AND **CANNOT** ACCEPT DONATIONS OF ALCOHOLIC BEVERAGES FROM ANYONE.

( ☐ ) Wine/Malt Only ( ☐ ) All Alcohol (Non-Profit only, submit proof of status)

**Name of Applicant and/or Organization Applying (name to appear on license):**

**Address:**

**Applicant's Cell #:**

**Organization Phone:**

**Applicant's Email:**

**Organization Email:**

**1. Name of Event:**

**Event Date:**

**Rain Date:**

**Hours of Event (from/to):**

**Is the Event open to the General Public?**

**2. Event Location (name and address):**

Where in building?

*Please attach proof of permission to use this facility (if applicable)*

**3. Event Details: ( ☐ ) Inside ( ☐ ) Outside**

Expected number of people:

Age range of attendees:

**4. Please describe the manner in which alcohol will be served** to your guests to insure compliance with existing laws (check IDs, table service/bar, etc.) and specify the manner by which service of such beverages, if minors are in attendance, will be controlled. Minors are not allowed within the area where alcohol beverages are dispensed.

**5. Please attach a floor plan** (8.5 x 11 white paper/handrawn accepted) showing the event area and the exact location where alcoholic beverages will be delivered, sold/served and consumed. Indicate all entrances and exits. If private residence; it is homeowners responsibility to ensure premises are safe.

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### TOWN OF NEWBURY LIABILITY DISCLAIMER FOR ONE-DAY LIQUOR LICENSE

By exercising the privileges of this One-day Liquor License in serving persons with alcoholic beverages, the Licensee is potentially exposed to significant liability for injuries and damages to the persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this Special One-day License will be deemed to be acknowledgment that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of this One-day License and the appropriate precautions to avoid injuries, damage and liability to others with your legal advisor. The Town of Newbury and the Board of Selectmen acting as the Local License Authority shall not be liable to the Licensee or to others if injury or damage shall result from the exercise of this One-day Liquor License. By signing this form the Applicant acknowledges that he/she understands and will comply with all applicable liquor regulations set forth by the Alcoholic Beverages Control Commission and the Licensing Authority of the Town of Newbury.

*I certify under the pains and penalties of perjury that the above information is true and that I will comply with all applicable Alcohol Control Laws of the State of Massachusetts and policies of the Town of Newbury.*

**Signature of Applicant:**

**Date:**

**The following Town Office Approvals are required and must be obtained by the Applicant and submitted as part of this application by the submittal deadline.**

Date Application Received:	Received By:	Licensing Board/BOS Hearing Date:
Prior Approval Required	Signature	Date Approved
Building Inspector:		
Fire Department:		
Fire Detail Y/N:		
Police Department:		
Police Detail Y/N:		
Board of Health:		
Treasurer/Collector:		

**Additional Conditions/Comments for License:**

**REQUIRED INFORMATION TO SUBMIT WITH APPLICATION:**

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- Completed License Application, including signature approval from Town Offices.
- One-Day Liquor License *non-refundable* fee of \$50.00 check payable to the Town of Newbury
- Invitation/flyer/letter of explanation - regarding event
- Proof of non-profit status (for All Alcohol License only)
- Abutter Notification – It is suggested, not required, the Applicant notify all properties within a 300-foot radius of the premises that they are submitting a liquor license application for Event Date. This should also include the date of the with the Licensing Board/Board of Selectmen at Town Hall.
- A completed Workers' Compensation Affidavit as required by M.G.L. Chapter 152; and liquor liability insurance.
- Proof of permission to use facility where event is being held including statement of approval given for sale/service of alcohol and the occupancy number for location
- Designation and identification, in writing, of ALL individuals who will serve, sell, deliver, and/or dispense alcoholic beverages with current proof of completion (within last three years) of an appropriate Massachusetts alcoholic beverages server-training program

### **GUIDELINES:**

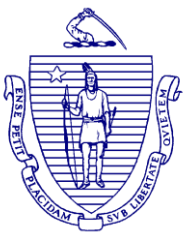
- Application for Special One-day License must be submitted at least 21 days prior to event
- Events can only be held on day and date approved on license. No refund is possible after a Special One-day License has been issued if not used on date specified. Rain dates for events must be noted on the application prior to approval. If no rain date is listed on the application prior to approval the event cannot be held on date other than date specified.
- The premises shall be in compliance with the Building Inspector/Fire Department's occupancy capacity limit.
- Special One-day Licenses can only be issued for events occurring between 11:00 a.m. – midnight Monday – Sunday.
- Events where there is planned Entertainment may require a Temporary Entertainment License, and is at the discretion of the Licensing Board.

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- The last drink must be served thirty minutes prior to the closing hours as stated on the approved license. All patrons must leave the premises within fifteen minutes after the closing hour. All glass and bottles must be cleared from the licensed area within twenty minutes after the closing hour.
- NO PERSON shall be granted a special license no more than 30 times in a calendar year.
- License must be posted in the most conspicuous place at the location of event
- DO NOT allow anyone to bring their own alcoholic beverages to your event
- Control and properly police the area where the alcoholic beverages are being dispensed. Do not permit persons to carry their alcoholic beverages outside the approved area for consumption.
- A police detail may be required depending upon the number of people attending the event. It is the applicant's responsibility to set up these details as required by the Town.

**Failure to abide by the above listed guidelines or by any provision of the Laws or Regulations pertaining to alcoholic beverages shall be grounds to deny, suspend or revoke any Special One-day License issued under MGL Chapter 138, Section 14.**



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

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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 #: \_\_\_\_\_

***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 #: \_\_\_\_\_

# 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."

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## 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.

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## 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)