

SPECIAL LICENSES
One Day
For Beer and Wine/All Alcohol

1. Special Licenses are required if you keep, expose, sell or deliver any alcoholic beverages. They are issued to persons holding a function at a place that presently doesn't have a liquor license.
2. License is limited to Wine and Malt Licenses only if for profit. Only nonprofit organizations can be issued All Alcoholic License. The License has to be made out in the name of the person having the function.
3. In all cases where liquor is served it is advised that it be by a caterer or bar service . All persons involved in the service of liquor are required to attend a server training program and must be server trained prior to serving any alcoholic beverages. Copies are to be on file in the Selectmen's Office. (TIP Certified)
4. Copy of Worker's Compensation Affidavit must be filled out by the bartending/caterer and, if applicable, a copy of the Worker's Compensation Certificate of Liability Insurance submitted.
5. All Alcoholic beverages must be purchased from a licensed Massachusetts Wholesaler and must be removed after function.
6. The wine/malt per the ABCC may not be delivered until the day of the event and removed the same day.
7. The liquor may not be served prior to 11 a.m. Mon-Sat and noon on Sundays.
8. Fee is \$35.00 for a Wine and Malt and \$60 for All Alcohol.
13. Approval must be received from the Police Department for the function.
14. The license shall be posted in a conspicuous location during the event.
15. Limited to 30 licenses a year.

TOWN OF WALPOLE
Application for One Day License

Date of Application _____ Date of Event _____

A special license is a temporary license issued to a responsible party. The Board may issue a Wine and Malt license to any enterprise; however, only non-profit organizations may be issued a one day All Alcoholic License. No more than 30 one day licenses may be issued to any person per calendar year. Special License holders **MUST** purchase alcoholic beverages for a wholesaler, not from a package store and **CANNOT** accept donations of alcoholic beverages from anyone.

The application is for:

All Alcoholic Beverages \$60 Wine and Malt only \$35

Is this your first application? _____

Name of Non-Profit Organization/or individual _____

Address _____

Phone Number _____ Email _____

Name of Event Manager if applicable _____

Name of Bartending Service if applicable _____

Address _____

Phone Number _____ Email _____

Proof of TIP Certification _____

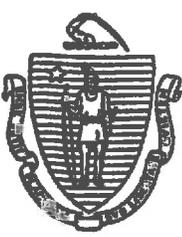
EVENT INFORMATION

Description _____

Location _____

Estimated Attendance _____ Hours of Event _____

Approved by Board _____ Restrictions _____



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 #: _____