TOWN OF UXBRIDGE
BOARD OF SELECTMEN
Town Hall Room 102
21 South Main Street
Uxbridge, MA 01569-1851
508-278-8600 Fax 508-278-8605

PROCESS TO APPLY FOR A ONE DAY BEER AND WINE LICENSE

To apply for a One Day Beer and Wine License, please provide the following:

1. A criminal background check will be conducted on all applicants. Please provide a completed CORI form.
2. A completed One Day Beer and Wine Application Form.
3. Application fee of $15.00 made payable to the Town of Uxbridge.
4. Certificate of Insurance for liability.

Materials should be submitted to: Office of the Town Manager/Board of Selectmen
21 S. Main Street
Uxbridge, MA 01569

Once your application materials are received and fully completed, your application will be submitted to the Town of Uxbridge Police of Chief for an inspection of the premises. The Board of Selectmen will consider your application at their next scheduled meeting. You will be notified of the date and you should plan on attending the meeting. If approved, it is the responsibility of the applicant to pick up the license. Licenses must be displayed in a prominent location on the premises. Licenses can be picked up at the Office of the Town Manager during regular business hours. A copy of the License will be forwarded to the Alcoholic Beverages Control Commission. If you have any questions, please contact the office at 508-278-8600 ext. 2001.

TOWN OF UXBRIDGE
BOARD OF SELECTMEN
Town Hall Room 102
21 South Main Street
Uxbridge, MA 01569-1851
508-278-8600 Fax 508-278-8605

APPLICATION FOR ONE-DAY ALCOHOL LICENSE
BEER AND WINE
To be filled out by Manager

Organization name:_____

Business address: _____

Manager name: _____

SS#: _____ Date of birth: _____

Daytime phone: _____ Evening phone:_____

Date of event:_____ Hours event will be held:_____

Description of event: _____

_____

_____

Location of event & description of premises: _____

_____

_____

Organization: Profit _____ Non-Profit _____

Prior Experience in Liquor Industry: Yes: _____ No: _____

If yes, please explain:_____

Email Address:_____

_____ _____

Manager's Signature Date

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Town of Uxbridge is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Town of Uxbridge
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Town of Uxbridge
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Uxbridge may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that Town of Uxbridge, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature of CORI Subject *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ___ ___ -- ___ ___ ___ ___ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____

Print Name of Verifying Employee

_____ _____

Signature of Verifying Employee *Date*

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."

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 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.

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 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 7/2010

One-Day Permit https://www.mass.gov/service-details/apply-for-a-special-license-or-permit-abcc

For a One Day Special Permit you must contact the Local Licensing Authority of the town the event is held in.

The Local Licensing Authorities may issue special licenses for the sale of wines and/or malt beverages to any enterprise however, special licenses for the sale of all alcoholic beverages may be issued to non-profit organizations only. The license is to be utilized for a single day. The Local Licensing Authorities cannot grant special licenses to:
a. any person for more than a total of 30 days per calendar year,
b. to any person that has an on premises license application pending before it,
c. any premises that has an alcoholic beverages license.

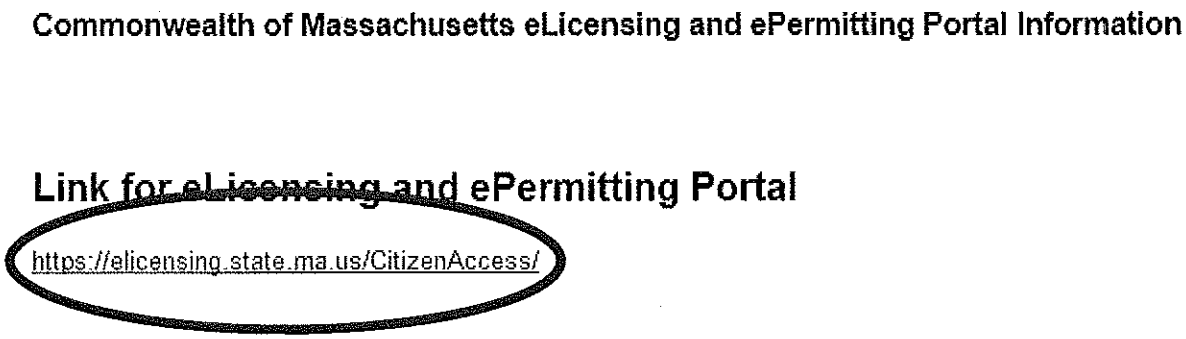
Special Licensees must purchase alcoholic beverages from a licensed supplier. Special licensees CANNOT purchase alcoholic beverages from a package store and CANNOT accept donations of alcoholic beverages from anyone.

General License Search

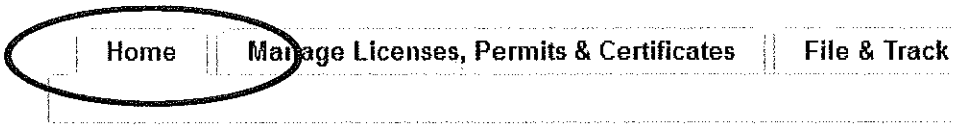
The eLicensing and ePermitting portal allows you to search our database of existing licenses. With this search function, you can search for a specific license or you can generate a list of all licenses by license type.

Accessing the Portal:

You can navigate to the portal through our website: www.mass.gov/abcc. Once there, click on **eLicensing and ePermitting Portal**.



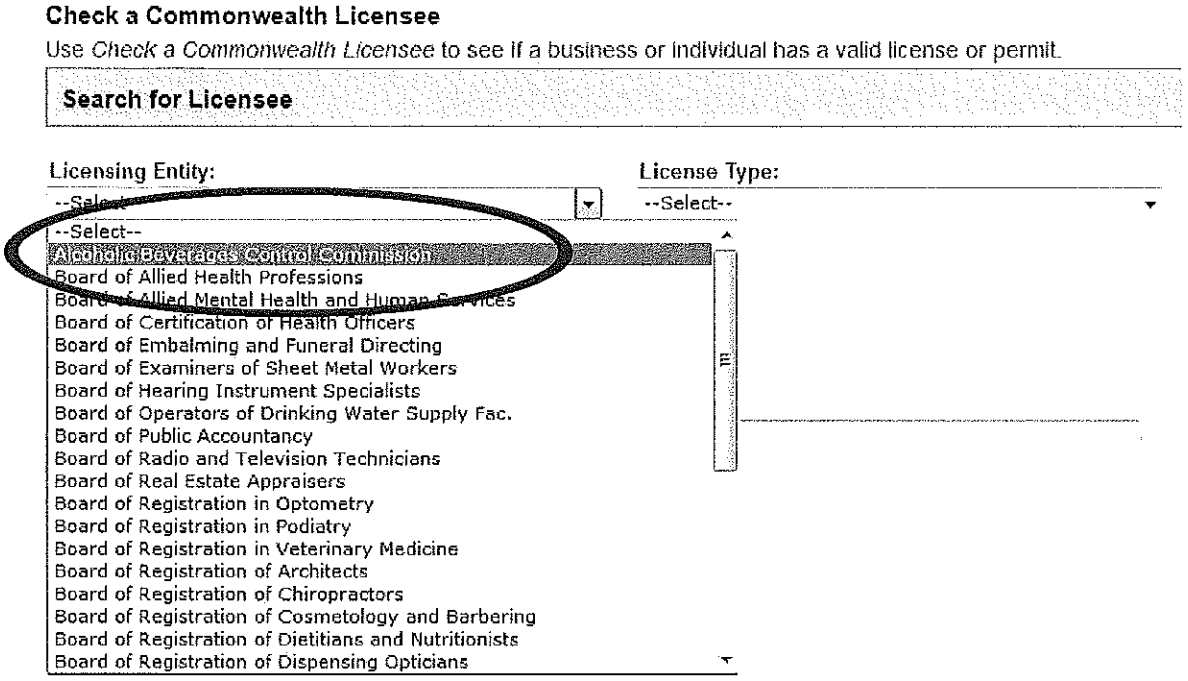
Navigate to the "Home" tab.



Scroll down to the bottom of the page and select **Search for a Commonwealth Licensee** under **General Information.**

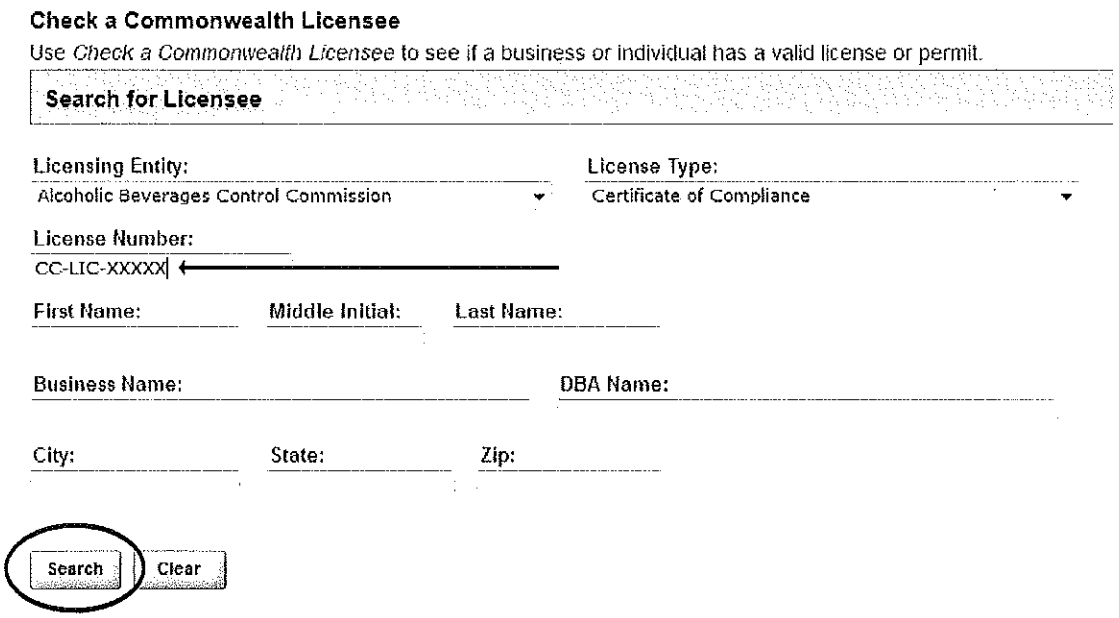
Note: You do not need to register for an eLicensing and ePermitting portal account in order to use the **Search for a Commonwealth Licensee** search function.

Select **Alcoholic Beverages Control Commission** under **Licensing Entity.**



Search by license number:

If you know the license number of the license you are searching for, enter it into the **License Number** field and select the appropriate license type from the **License Type** dropdown. Then hit **Search.**



Search by license type:

If you would like to get a full list of active licenses in a specific license type, leave all of the fields blank and select the appropriate license type from the **License Type** dropdown. Then hit **Search.**

Check a Commonwealth Licensee

Use *Check a Commonwealth Licensee* to see if a business or individual has a valid license or permit.

Search for Licensee

Licensing Entity: Alcoholic Beverages Control Commission

License Type: Farmer Brewery

License Number:

First Name: Middle Initial: Last Name:

Business Name: DBA Name:

City: State: Zip:

Search Clear

Once you hit search, you will see a list of all of the licenses in the category you selected.

89 results found matching your search criteria. If you did not find the individual or business you were looking for, please review the search criteria entered. If necessary, you may adjust the search criteria and re-attempt your search.
Click any of the results below to view more details.

Showing 1-10 of 89 | Download results

License Number	License Type	Type Class	Status	Business Name	DBA Name	Last Name
FB-LIC-000023	Farmer Brewery	FM3	Issued	Berkshire Mountain Brewers, Inc.		
FB-LIC-000024	Farmer Brewery	FM3	Issued	Cisco Brewers, Inc.		
FB-LIC-000026	Farmer Brewery	FM3	Issued	Nashoba Valley Spirits, Ltd.		
FB-LIC-000040	Farmer Brewery	FM3	Issued	Franklin County Brewing Company, Inc.	The People's Pint	
FB-LIC-000043	Farmer Brewery	FM3	Issued	Vineyard Brewing Company, Inc.	Offshore Ale Company	
FB-LIC-000051	Farmer Brewery	FM3	Issued	Buzzards Bay Brewing, Inc.		
FB-LIC-000054	Farmer Brewery	FM3	Issued	Mass. Bay Brewing Company, Inc.	Harpoon Brewery	
FB-LIC-000056	Farmer Brewery	FM3	Issued	Mercury Brewing and Distribution Company, Inc.	Ipswich Ale Brewery	
FB-LIC-000061	Farmer Brewery	FM3	Issued	Cape Cod Beer, Inc.		
FB-LIC-000064	Farmer Brewery	FM3	Issued	Mayflower Brewing Company LLC		

This table gives you the following information: License Number, License Type, Status, Business Name, DBA Name, Last Name, First Name, (For Individual licensees, such as salesman) Expiration Date, License Issue Date, City, State, Zip, and Country. You will need to scroll to the right to see the rest of the fields.

89 results found matching your search criteria. If you did not find the individual or business you were looking for, please review the search criteria entered. If necessary, you may adjust the search criteria and re-attempt your search.
Click any of the results below to view more details.

Showing 1-10 of 89 | Download results

License Number	License Type	Type Class	Status	Business Name	DBA Name	Last Name
FB-LIC-000023	Farmer Brewery	FM3	Issued	Berkshire Mountain Brewers, Inc.		
FB-LIC-000024	Farmer Brewery	FM3	Issued	Cisco Brewers, Inc.		
FB-LIC-000026	Farmer Brewery	FM3	Issued	Nashoba Valley Spirits, Ltd.		
FB-LIC-000040	Farmer Brewery	FM3	Issued	Franklin County Brewing Company, Inc.	The People's Pint	
FB-LIC-000043	Farmer Brewery	FM3	Issued	Vineyard Brewing Company, Inc.	Offshore Ale Company	
FB-LIC-000051	Farmer Brewery	FM3	Issued	Buzzards Bay Brewing, Inc.		
FB-LIC-000054	Farmer Brewery	FM3	Issued	Mass. Bay Brewing Company, Inc.	Harpoon Brewery	
FB-LIC-000056	Farmer Brewery	FM3	Issued	Mercury Brewing and Distribution Company, Inc.	Ipswich Ale Brewery	
FB-LIC-000061	Farmer Brewery	FM3	Issued	Cape Cod Beer, Inc.		
FB-LIC-000064	Farmer Brewery	FM3	Issued	Mayflower Brewing Company LLC		

Expiration Date	License Issue Date	City	State	Zip	Country	Licensing Entity
12/31/2016	01/01/2016	Great Barrington	MA	01230	United States	Alcoholic Beverages Control Commission
12/31/2016	01/01/2016	Nantucket	MA	02554	United States	Alcoholic Beverages Control Commission
12/31/2016	01/01/2016	Bolton	MA	01740	United States	Alcoholic Beverages Control Commission
12/31/2016	01/01/2016	Greenfield	MA	01301	United States	Alcoholic Beverages Control Commission
12/31/2016	01/01/2016	Oak Bluffs	MA	02557	United States	Alcoholic Beverages Control Commission
12/31/2016	01/01/2016	Westport	MA	02790	United States	Alcoholic Beverages Control

You can sort the table by selecting the headers at the top.

License Number	License Type	Type Class	Status	Business Name	DBA Name ← Last Name
FB-LIC-000149	Farmer Brewery	FM3	Issued	Indignant Brewing Co. LLC	Winter Hill Brewing Co.
FB-LIC-000040	Farmer Brewery	FM3	Issued	Franklin County Brewing Company, Inc.	The People's Pint
FB-LIC-000136	Farmer Brewery	FM3	Issued	Jeffrey D. Morse and Bradford K. Morse	Outlook Farm Brewery
FB-LIC-000043	Farmer Brewery	FM3	Issued	Vineyard Brewing Company, Inc.	Offshore Ale Company
FB-LIC-000070	Farmer Brewery	FM3	Issued	Bill Goldfarb, Manager	Lefty's Brewing Company

Click on **Download Results** to download the table as Excel file.

Showing 1-10 of 89 | Download results ←

License Number	License Type	Type Class	Status
FB-LIC-000104	Farmer Brewery	FM3	Issued
FB-LIC-000107	Farmer Brewery	FM3	Issued
FB-LIC-000102	Farmer Brewery	FM3	Issued

Note: You are not limited to searching for license number or license type. You can also search by Business Name, DBA Name, City, State, or Zip.

TO BE COMPLETED BY POLICE DEPARTMENT

ONE DAY BEER & WINE PERMIT
POLICE INSPECTION

NAME OF APPLICANT:----------

ADDRESS OF EVENT:----------

DATE OF EVENT:---------- **TIME:**----------

* * * * * *

Police Chief or designee - Application reviewed and premises have passed all safety inspections ☐Yes ☐No

Signature and Comments:----------
