



TOWN OF FREETOWN

BOARD OF SELECTMEN

3 NORTH MAIN STREET
PO BOX 438
ASSONET, MA 02702
PHONE: 508-644-2202
FAX: 508-644-3342

Applying for an Alcoholic Beverages Retail License

New or Transfer

1. First, informally let the Selectmen's office know you are interested in applying for a liquor license. The office can verify that licenses are available, give a ballpark estimate of when public hearings can be held, etc. The application timeline set forward by the Massachusetts Alcoholic Beverages Control Commission (ABCC) has a number of hard deadlines to be met by the Board of Selectmen and the applicants – a bit of notice can help make these deadlines easier for everyone to meet!
 2. There are TWO separate applications that *must* be filled out as part of this application process: the forms for the ABCC and the forms for the Town of Freetown. If any of the forms are not returned or not filled out completely, the application could face delays or be rejected completely.
 - To ensure you are using the most up-to-date forms, ABCC forms should be downloaded directly from the ABCC website: <https://www.mass.gov/how-to/apply-for-an-alcoholic-beverages-retail-license-new-or-transfer>
 - Make sure to download and fill out the proper license application AND the CORI Authorization forms.
 - Review ALL information on the ABCC website, as their requirements change from time to time. There is a list of required documents as part of the Application, as well.
 - Town of Freetown forms can be accessed at the Downloadable Forms & Documents section freetownma.gov and are attached to this letter.
 3. The ABCC's \$200 fee needs to be paid before processing by the Town. Information on how to pay that fee is available from the ABCC website. Please include the receipt of this payment as part of your application packet.
 4. Once completely filled out, return ALL application documents to the office of the Board of Selectmen, along with two (2) checks, both payable to the Town of Freetown; the first check should be in the amount of \$100, for the public hearing fee, and the second check in the amount of the application fee (see next page).
 5. The Board of Selectmen will schedule a public hearing between 10 and 30 days of receiving the application. Once scheduled, the Selectmen's Office will provide you with a Public Notice that must be published in a newspaper that serves the area (New Bedford Standard-Times, Fall River Herald, Taunton Daily Gazette, etc.). This notice must be advertised within 10 days of submitting the application, and at least 10 days **before** the public hearing. The office will aid you in scheduling the advertisement in conjunction with the hearing. Advertising is at the applicants' expense and is the applicant's sole responsibility – if advertising requirements are not met, the public hearing **cannot** take place, meaning the process must be re-started (and a second public hearing fee may be charged).
 6. The Freetown Board of Selectmen, acting as the Local Licensing Authority, will make their decision within 30 days of receiving your application.
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TOWN OF FREETOWN

BOARD OF SELECTMEN

- If approved by the Board, the office will forward all application information to the ABCC within 3 days.
 - If the Board denies the application, there is an appeal process. More information can be found on the ABCC website.
7. Once the application is forwarded to the ABCC, things are in their hands. How long the ABCC's review takes and the steps involved there are not known to the Selectmen's Office.
8. Once approved by the ABCC, the Local Licensing Authority will issue a license within 7 days.

Alcohol License Fees

All Alcoholic Common Victualer License	\$1,000.00
Wine & Malt Beverage Common Victualer License	\$600.00
All Alcoholic Package Store License	\$1,000.00
Wine & Malt Beverage Package Store License	\$600.00
All Alcoholic Innholder's License	\$1,000.00
All Alcoholic Veterans' Club License	\$500.00
All Alcoholic Club License (Non-Veterans')	\$900.00



TOWN OF FREETOWN
BOARD OF SELECTMEN
3 North Main Street
PO Box 438
Assonet, MA 02702

Phone: 508-644-2202 x1101

Fee: _____
Paid: _____
Cash / Check: _____

APPLICATION FOR A LICENSE OR PERMIT
PLEASE PRINT OR TYPE

Date of Application: _____ Year or Date to be Used: _____

Licenses or Permits Requested: A. _____ B. _____
C. _____ D. _____

If Seasonal, from: _____ to _____
(Date) (Date)

Business Name: _____ Hours of Operation: _____

Address where license is to be used: _____

Applicant's Full Name: _____

Applicant's Home Address: _____ Phone: _____

Licensee's Social Security or F. I. D. Number (9 digits): _____

Organization, Church, Civic Group (if applicable): _____

List names of **Automatic Amusement Devices**, if applicable: _____

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and have paid all taxes required under law.

Mailing Address: _____

Signed under the pains and penalties of perjury,

Signature of Individual or Corporate Name

Corporate Officer



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 #: _____

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 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

AFFIDAVIT TO THE TOWN OF FREETOWN

Date: _____

Pursuant to Chapter 62C, Section 49A and Chapter 40, Section 57 of the Massachusetts General Laws, and pursuant to the Town of Freetown General By-Laws, Article 3, Section 3.5, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and have paid all state and local taxes as required under law.

Signature of Individual/Corporate Name:

Signature of Corporate Officer (if applicable):

Federal Identification Number:

Mailing Address:

Telephone Number:
