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

YEAR 20

1. Licensee Information: Name of Applicant:	ABCC License Number: (If Existing Licensee)
Mailing Address:	Business Name (d/b/a if different) :
Manager of Record:	City/Town: State Zip
	Phone Number of Premises:
Other Phone: Email:	Website:
Contact Person concerning this application (attorney if applicable):	
Name:	City/Town: State Zip
Address:	Email:
Contact Number :	Fax Number:
A. Farmer's Market licenses are only permitted at events that the De Please attach document from Department of Agricultural Resources cel Date(s) of Event: B. Contact person for applicant during event: Name: Phone number of contact: C. Description of the premises within the Farmer's Market:	
Address of Premises for the Sale of Wine:	
City/Town: State Zip	Phone Number of Premises:
Describe Area to be Licensed:	

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Existing License(s) to Manufacture, Export and Sell at Retail:				
the license(s) you hold which authorize	the manufacture, exportation and retail sale of v	wine to consumers: (Attach a copy of each license)		
Name	License Type	License Address		
are you providing, without charge	, samples of wine to prospective custome	ers? Yes No		
	bles of wine shall be served by an agent, representa			
f yes, please provide names and addr	esses of all agents, representatives and solicit	tors:		
Name	Name Address ABCC License Nur			

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.

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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 If yes , list said interest below	-	een suspended, revoked or cancelled? Yes 🗌 No 🗌
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	
Date	

Additional Space

Please note which question you are using this space for.