



City of Framingham

License Administration Office

150 Concord Street – Memorial Building – Room 213 - Framingham, MA 01702-8325

Telephone: 508-532-5402 FAX 508-532-5769

licensing@framinghamma.gov

SPECIAL ONE-DAY LIQUOR LICENSE APPLICATION

Section 14 License

Application must be submitted at least two weeks prior to event. Submit completed application along with copy of Alcohol Training Certification.

Application Fee \$15.00 (must be submitted with application)

License Fee: \$50.00

- There is no license fee charge for one-day licenses for charitable fund raisers, etc. whether or not the application is submitted by the party in interest or by a caterer or commercial provider.
- One-day licenses for events associated with commercial activities such as business promotional activities, business meetings, conventions, trade association events, etc. will be charged a fee of \$50.

Persons holding a special license must purchase alcoholic beverages from a licensed wholesaler/importer, manufacturer, farmer-winery, farmer-brewery or special permit holder. A person holding a Section 14 license cannot purchase alcoholic beverages from a package store. State licensed suppliers: http://www.mass.gov/abcc/onedayauthorized.htm

Attached – Town of Framingham Rules and Regulations Governing Alcoholic Beverages – Article XIV.B.6. Insurance.

Date

Application for the purpose of selling or dispensing the following beverages permitted by law:

Choose type from dropdown: Special licenses for the sale of All Alcoholic beverages may be issued to non-profit organizations only. or All Alcoholic Beverages

Type of Event (banquet, concert, wedding)

Name of Organization/Applicant

Address

Federal ID #: If none, Social Security #:

Telephone E-Mail

Non-Profit Organization yes Attach Non-Profit Certificate of Exemption no

Event will take place at the following location

Describe Location If using tent, indicate size. <120 sq. ft. requires permit.

Date of the Event Rain Date , if applicable

Between the Hours of (No later than 1:00 AM – Last call 12:30 AM) Rain Date hours, if different

1. Is this event open to the general public: yes no

2. Estimated number of persons attending:

3. Will there be an age restriction: yes no Minimum age allowed:

4. How, where and by whom will ID's be checked?:

* 1. Insurance:

When a one-day license is granted to be exercised on town-owned land or a town-owned facility, the licensee shall procure policies of insurance as provided herein. The licensee shall furnish certificates in form and substance satisfactory to the City evidencing each such insurance coverage to the City prior to the issuance of the license.

(a) A Comprehensive General Liability policy on an occurrence basis endorsed to include broad form comprehensive general liability including coverage for service of alcoholic beverages with a combined single limit of liability of not less than \$1,000,000.00. The policy shall name the Town, and its officers, agents, servants, officials, representatives, employees and consultants as additionally insured parties.

(b) The licensee shall provide Workers' Compensation Insurance required by law.

(c) An Umbrella/Excess Liability insurance policy on an occurrence basis "following form" of the primary coverage with a limit of liability of \$5,000,000.00. The Umbrella/Excess Liability insurance policy shall include but not be limited to the following coverage for bodily injury, property damage and personal injury: (i) Premises - Operations Liability; (ii) Contractual Liability; (iii) Automobile Liability for owned, non-owned and hired vehicles. The Town, its officers, agents, servants, officials, representatives, consultants and employees shall be named as additional insureds.

(d) All insurance shall be issued by insurance companies authorized to do insurance business in Massachusetts and rated not less than A-VIII in Best's Insurance Guide, and will not be subject to cancellation or modification without thirty days prior written notice to the Town.

(e) Each policy of insurance obtained by licensee hereunder shall contain a clause denying the insurer any right of subrogation against the Town.

**APPLICATION FOR 'ONE DAY' EXHIBITION, SHOW OR AMUSEMENT LICENSE
LIVE ENTERTAINMENT**

Application Fee: \$15.00
(Must be submitted w/application)

License Fee: \$10.00 per day (waived w/proof of
non- profit status)
\$50.00 Maximum Per Event

_____ Date

Name of Applicant/Organization: _____

Address of Applicant: _____

Federal ID #: _____ *If none*, Social Security #: _____

Telephone: _____ E-Mail: _____

Location of Event: _____
(Floor Plan/Site Plan/Parking Plan must be submitted with application)

Public Show: _____

Live Entertainment: _____

Date of event(s): _____ Hours of event(s): _____

(Rain Date, if applicable) _____

Approximate number of people expected: _____

- Food Permits - Contact Health Department for requirements 508- 532-5470
- Fire Details-Permits - Contact Fire Department for required permits 508-532-5930
- Tents-Wiring-Signage - Contact Building Department for required permits 508-532-5500
- Police Details, Signage, Lighting Restrictions – Contact Police Department (Safety Officer & Licensing Officer) 508-872-1212

Workers Compensation Affidavit & Information Page from the Workers Comp Policy must be submitted before license is issued.

The event(s) shall be conducted in accordance with the provisions of the MGL Chapter 140, Section 181 or 183A and all amendments thereof, the By-Laws of Framingham, and the terms and conditions imposed by the Mayor or Board of License Commissioners.

_____ Signature of Applicant

Licensing Office will forward application to the Police, Fire, Inspectional Services and Health Department for approval and recommendations.

City use only:

POLICE DEPARTMENT _____
1 William Welch Way _____ Date

FIRE DEPARTMENT _____
10 Loring Drive _____ Date

HEALTH DEPARTMENT _____
Memorial Building, Rm. 205 _____ Date

INSPECTIONAL SERVICES _____
Memorial Building, Rm. 203 _____ Date



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Workers Compensation Insurance Affidavit

Applicant Information:

Name: _____

Address: _____

Town/City _____ State: _____ Zip: _____

Phone # _____ Email _____

I am an employer providing workers' compensation for my employees.

I have no one working in any capacity.

Independent Contractor.

Insurance Information:

Insurance CompanyName: _____

(Insurer providing coverage-not agent) Sample: <https://www.framinghamma.gov/DocumentCenter/View/43002/SAMPLE-WORKERS-COMP-INSURANCE-CERTIFICATE-ACORD--AFFIDAVIT?bidId=>

Address: _____

Town/City _____ State: _____ Zip: _____

Phone # _____ Policy: _____

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Applicant's Signature

Date