

**APPLICATION FOR ALCOHOL SALE PERMIT ON PRIVATE PROPERTY
BOARD OF SELECTMEN**

I hereby apply for a permit to sell alcoholic beverages in a privately owned building in the Town of Boxford.

I understand and accept the provisions of Massachusetts General Laws Chapter 138, regarding the prohibition of distribution of alcoholic beverages to minors (any individual under the age of 21), and to intoxicated persons. The person identified below is to be in charge of the event, and will make sure that alcoholic beverages are not distributed contrary to the above referenced chapter. Issuance of this permit is contingent upon receipt by the Board of Selectmen of a liquor liability insurance policy which names the Town as an additional insured.

Boxford Community Kitchen
Building where event will be held

Boxtoberfest
Type of function to be held

10-23-22
Date of event

12-5
Time of event

Essex County Brewing Co.
Individual in charge of event

I hereby make application to the Board of Selectmen for a permit to distribute alcoholic beverages according to the terms of the agreement as stated above.

Beth Donhauser
Person making application

10-7-22
Date

Events/Taproom Manager
Title

-Do Not Write Below This Line-

Action of Board of Selectmen

___ Application granted ___ Date

Fee Collected: _____
Insurance Certificate Received () Yes () No
TIPS Server Verified () Yes () No

___ Application denied ___ Date

Authorized representative of Board of Selectmen

Date

Leanne Mihalchik

From: James Riter
Sent: Tuesday, October 11, 2022 10:06 AM
To: Leanne Mihalchik
Subject: RE: BOXTOBERFEST 2022!!

I have no concerns and I will attend the event.

Chief Riter

From: Leanne Mihalchik <LMihalchik@town.boxford.ma.us>
Sent: Tuesday, October 11, 2022 9:12 AM
To: James Riter <JRiter@town.boxford.ma.us>
Subject: FW: BOXTOBERFEST 2022!!

Hi Chief

This is an application for a liquor license for Boxford Community Kitchen – they are doing “Boxtoberfest” again this year. Do you have any issues/concerns?

Thanks!
Leanne

From: Beth Donhauser <Beth.Donhauser@essexcountybrewing.com>
Sent: Friday, October 7, 2022 11:18 AM
To: Leanne Mihalchik <LMihalchik@town.boxford.ma.us>
Subject: Re: BOXTOBERFEST 2022!!

External Sender



ESSECOU-04

CNARDONE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978) 988-0038 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : Acadia Insurance Company</td> <td style="text-align: right; border: none;">31325</td> </tr> <tr> <td style="border: none;">INSURER B : Massachusetts Retail Merchants Workers' Compensation Group, In</td> <td style="text-align: right; border: none;">34355</td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Acadia Insurance Company	31325	INSURER B : Massachusetts Retail Merchants Workers' Compensation Group, In	34355	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Essex County Brewing Company LLC 154 Ipswich Road Boxford, MA 01921															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			ADV5356360	9/17/2022	9/17/2023	<table style="width: 100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;">300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;">10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;">4,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;">4,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$	2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	2,000,000	GENERAL AGGREGATE	\$	4,000,000	PRODUCTS - COMP/OP AGG	\$	4,000,000		\$	
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A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			ADV5356360	9/17/2022	9/17/2023	<table style="width: 100%; border: none;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td><td style="text-align: right;">2,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			14005034706000	1/1/2022	1/1/2023	<table style="width: 100%; border: none;"> <tr><td>PER STATUTE</td><td style="text-align: right;">\$</td><td style="text-align: right;">100,000</td></tr> <tr><td>OTH-ER</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td style="text-align: right;">100,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td style="text-align: right;">500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td></td></tr> </table>	PER STATUTE	\$	100,000	OTH-ER	\$		E.L. EACH ACCIDENT	\$	100,000	E.L. DISEASE - EA EMPLOYEE	\$	500,000	E.L. DISEASE - POLICY LIMIT	\$							
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A	Commercial Property			ADV5356360	9/17/2022	9/17/2023	<table style="width: 100%; border: none;"> <tr><td>w/ replacement cost</td><td style="text-align: right;">\$</td><td style="text-align: right;">274,917</td></tr> </table>	w/ replacement cost	\$	274,917																		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Boxfoberfest 10/23/22 12-6pm

CERTIFICATE HOLDER**CANCELLATION**

Boxford Community Kitchen 7 Elm St. Boxford, MA 01921	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0
For coursework completed on November 6, 2018
provided by Health Communications, Inc.
is hereby granted to:

Elizabeth Donhauser

Certification to be sent to:

**154 Ipswich Rd
Boxford MA, 01921-2030 USA**



HEALTH COMMUNICATIONS INC.



This document is not proof of TIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.