

**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.

Second Congregational Church
Building where event will be held

Church fundraiser
Type of function to be held

3/15/24 (Friday)
Date of event

6pm - 9pm
Time of event

Betsy Guest-Natale
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.

Free Spirits LLC / Ashleigh Muthy
Person making application

1/27/24
Date

Owner
Title

*

-Do Not Write Below This Line-

Approved by
Chief Riter
2/22/24

Fee Collected: \$50
Insurance Certificate Received () Yes () No
TIPS Server Verified () Yes () No

Authorized representative of Board of Selectmen

Date

ALCOHOL SALE PERMIT ON PRIVATE PROPERTY

Date Approved: _____

The Board of Selectmen is empowered through Massachusetts General Laws Chapter 138, Section 14 to issue "Special Liquor Licenses" to qualified applicants. Such licenses are generally issued for a specific event and for a fixed amount of time, usually one day or less. The Board of Selectmen may grant such a license after receiving an "application for license," submitted by the individual responsible for the management of liquor at that event. For-profit organizations may only be issued beer and wine licenses, while non-profit groups may be issued full licenses at the sole discretion of the Board of Selectmen.

The procedure to be observed by the applicant is as follows:

- 1) Submission of completed application for license to the Board of Selectmen and a copy to the Police Chief. Said license application shall specify the exact location, date, and time of the planned event. An approximate number of attendees will also be listed. The individual in charge of the management of the liquor distribution must be identified. The application shall be submitted to the Board of Selectmen at least ten business days prior to the event.
- 2) No special licensee shall sell any alcoholic beverages other than those purchased from a licensed wholesaler. The hours of operation shall be established by the Board of Selectmen, provided, however, that no special licensee shall sell or deliver any alcoholic beverage between the hours of 2:00 a.m. and 8:00 a.m. The special license shall be subject to such other terms and conditions as the Board of Selectmen deem necessary to protect public health, safety and welfare.
- 3) The Board of Selectmen requires that any server of alcohol licensed in the Town of Boxford pursuant to this policy will be TIPS Certified (T.I.P.S. - *Training and Intervention Procedures for Servers of alcohol*).
- 4) Submission of proof of Liquor Liability insurance in the minimum amount of \$1,000,000 and such other insurance as may be required by the Board of Selectmen, which names the Town as an additional insured to the Board of Selectmen.
- 5) The manager of the event will sign a statement that they understand and will comply with the provisions of M.G.L. Chapter 138 as they relate to the sale of alcoholic beverages to minors, and to intoxicated persons.
- 6) The Selectmen shall determine the fees to be charged. Unless otherwise voted by the Selectmen, the fee for a temporary license shall be \$50.00 per event, per day.
- 7) A completed permit shall be prepared by the Selectmen's office and signed by the Board. A copy shall be sent to the Chief of Police who will determine the need for police coverage for the event and will so inform the Selectmen. If police coverage is required, such coverage shall be paid for by the applicant. The original permit will be sent to the applicant, who will have it in their possession during the event.

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.1
For coursework completed on May 11, 2021
provided by Health Communications, Inc.
is hereby granted to:

Ashleigh Mutty

Certification to be sent to:

**25 Eastland Terrace
Haverhill MA, 01830 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2024

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 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 Fountain-Barach Agency 116 Main Street PO Box 1330 Ashland, NH 03217	CONTACT NAME: Amanda Thompson PHONE (A/C, No, Ext): 603-968-3335 E-MAIL ADDRESS: Amanda.Thompson@American-National.com	FAX (A/C, No): 603-968-3365
	INSURER(S) AFFORDING COVERAGE	
INSURED Free Spirits Events, LLC; Free Spirits LLC; Free Spirits Mobile Bar & Lounge LLC 25 Eastland Terrace Haverhill, MA 01830	INSURER A : Burlington Insurance Company	
	INSURER B : Mount Vernon Fire Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			145B522675	04/06/2023	04/06/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Liquor Liability			LQ2004758B	07/17/2023	07/17/2024	Each Common Cause 1,000,000 Aggregate Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is considered an Additional Insured with regard to General Liability per form CG2033 Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Agreement With You

CERTIFICATE HOLDER Town of Boxford 7A Spofford Road Boxford, MA 01921	CANCELLATION 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 <i>Peter Barach</i>
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