

# SPECIAL SECTION 14 LICENSE

MGL Ch. 138, §14, and 204 CMR 7.00 governing these licenses.

A "Special License" to pour liquor at an indoor or outdoor activity or enterprise may be issued to the manager responsible of the indoor or outdoor activity or enterprise. Such a license is issued by the local licensing authorities (LLA) in the city or town in which the activity or enterprise will be conducted. This type of license may be issued only to a natural person, although this natural person may be a person acting on behalf of a corporation, partnership, or other entity. No person may be granted such licenses permitting sales on an aggregate of more than 30 days in any calendar year.

1. **Special License under Section 14 for All Alcoholic Beverages Special licenses** for the sale of all alcoholic beverages, wine, or malt beverages, or any of these beverages, may be issued by the local licensing authorities only to a person at least 21 years of age acting on behalf of a nonprofit organization. No other person may be issued a special license to sell all alcoholic beverages.
2. **Special License under Section 14 for Wine and/or Malt Beverages Special licenses** for the sale of wine, malt beverages, or both, may be issued by the local licensing authorities to any person. This type of special license may be issued to a person at least 21 years of age who is conducting an activity or enterprise for profit.
  - a. Please be aware that no special license under Section 14 shall be granted to any person while his or her application for an annual or a seasonal license under Section 12 is pending before the LLA or before the ABCC.
3. 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 or other retail outlets and **CANNOT** accept donations of alcoholic beverages from anyone. In addition, you cannot transport alcoholic beverages without obtaining a permit from the ABCC. Alternatively, applicants can request that the liquor distributor deliver the alcohol to the licensed location within the licensed hours. Be advised that leftover alcohol cannot be stored at the licensed location after the date & time the Special License expires.
  - a. **Use the following link for a list of wholesale distributors:** [Mass.Gov Search](#)



Erin V. Joyce  
Mayor

**TOWN OF BRAINTREE**  
**BOARD OF LICENSE COMMISSIONERS**  
One JFK Memorial Dr., Braintree, MA 02184  
Tel: 781-794-8240 Fax: 781-794-8259

**LICENSING BOARD**  
James M. Casey, Town Clerk, Chairman  
Mary E. McGrath, Dir Municipal Lic, Clerk  
Timothy Cahoon, Police Chief  
Frederick Viola, Acting Fire Chief  
Russell Forsberg, Inspector of Buildings  
**Licensing Coordinator**  
Debra J. Starr, Assistant Town Clerk

## **APPLICATION FOR SPECIAL SECTION 14 LICENSE**

MGL Ch. 138, §14, and 204 CMR 7.00 governing these licenses.

Please read and complete all contact and event information pages, Alcohol Server Training Roster and Criminal Offender Record Information (CORI) acknowledgement forms. Sign all appropriate documents and return all forms and required permits along with a check payable to the Town of Braintree in the amount of the appropriate license fees to the Office of the Town Clerk. All required documents must be submitted with your application.

Applicant is required to submit all required documents at least **30 days prior to the date of the event** to be scheduled for a hearing before the Board of License Commissioners. Applicant will be notified on the scheduled hearing date. The hearings are held at Braintree Town Hall, Johnson Chambers (2nd floor) and scheduled at 2:00pm on the 2nd and 4th Tuesday from September through May and at 2:00pm. During the months of June, July and August only one meeting for the month will be held. **Check the Braintree Town website for schedule changes.**

**\*\*\*APPLICANT MUST PROVIDE COPY OF CERTIFICATE OF INSURANCE FOR LIQUOR LIABILITY\*\*\***

Required Minimum Coverage: \$250,000 on account of injury or death of one person and \$500,000 on account of any one accident resulting in injury or death of more than one Person.

**If the event is to be held on Town of Braintree property the Town must be named as an additional insured with a minimum amount of 1 million dollars (\$1,000,000) in liability.**

Check  one of the following:

- One-Day All-Alcoholic Beverages (license fee \$100 - Attach check payable to Town of Braintree)**  
**(issued to non-profit organizations only - Attach copy of 501C3 non-profit determination letter)**
- One-Day Wine /Malt Beverages (license fee \$75 - Attach check payable to Town of Braintree)**

**Applicant for a one-day alcoholic beverage must be a person (not an entity).**

**For an all-alcoholic license, the applicant must be a person who represents a non-profit organization.**

## Contact Information

<b>Organization Name:</b>	
<hr/>	
<b>Organization Address:</b>	
<hr/>	
<b>Organization recognized 501C3 non-profit:</b> <input type="checkbox"/> - No <input type="checkbox"/> - Yes <b>Attach copy of 501C3 determination.</b>	
<b>Applicant Name:</b> Applicant must be a person - "Not an entity"	
<hr/>	
<b>Applicant Address:</b>	
<hr/>	
<b>Applicant e-mail:</b>	<b>Phone #:</b>
<hr/>	<hr/>
<b>Event Manager Name:</b> Write "Same" if applicant.	
<hr/>	
<b>Event Manager Address:</b>	
<hr/>	
<b>Event Manager e-mail:</b>	<b>Phone #:</b>
<hr/>	<hr/>

## Event Information

<b>Event Name:</b>			
<hr/>			
<b>Date:</b>	<b>Day of Week:</b>	<b>Month:</b>	<b>Day:</b>
<hr/>	<hr/>	<hr/>	<hr/>
<b>Time: Start:</b>	<b>am/pm</b>	<b>End</b>	<b>am/pm</b>
<hr/>	<hr/>	<hr/>	<hr/>
<b>Location/Building:</b>			
<hr/>			
<b>Street Address:</b>			
<hr/>			
<b>Event Type:</b>		<b>Estimated Attendees:</b>	
<hr/>		<hr/>	

**(Answer each question and, if required, contact the appropriate Town Department)**

<b>Event being held on Town Property:</b>	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes	<b>Special Use Permit required from Mayor's Office</b>
<b>Raffle/Lottery to be held:</b>	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes	<b>Permit required from Town Clerk's Office</b>
<b>Tent to be used:</b>	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes	<b>Permit required from Building Department</b>
<b>Food to be served:</b>	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes	<b>Permit required from Health Department</b>
<b>Entertainment/Dancing at event:</b>	<input type="checkbox"/> - No	<input type="checkbox"/> - Yes	<b>Submit Entertainment Application</b>
<b>Police Detail requested:</b>	<input type="checkbox"/> - No*	<input type="checkbox"/> - Yes	<b>Contact Deputy Police Chief</b>

\*The Police Chief, Fire Chief or their Designees, at their discretion, may require a Police and/or Fire Detail to be assigned to the event. Determination on the need for a Police and/or Fire Detail will be made at the Licensing Board Hearing. The applicant/Organization is responsible for the scheduling and payment of all Police and/or Fire Details.

Applicant/Event Manager is required to complete the attached Alcohol Server Training Roster and provide a copy of an unexpired alcohol server certification for all persons serving alcohol on the day of the event. Alcohol can only be served by those people listed on the application.

# ALCOHOL SERVER TRAINING ROSTER

For

## One-Day Alcoholic Beverages License

List all the people that will be serving alcohol beverages on the day of the event.

**Only the people listed will be authorized to serve alcohol beverages on the day of the event. NO EXCEPTIONS!**

PRINT FULL NAME	SERVER CERTIFICATE EXPIRATION DATE

**Attach copy of unexpired alcohol server certification for all persons listed above.**

The Event Manager is responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages and is required to complete the **attached CORI form and attach a copy of a government issued photographic identification document - driver's license or passport.**

Applicant's Signature:

Date:

For "All-Alcoholic Beverages Applications", applicant acknowledges they are a person who is authorized to represent the non-profit organization listed on the application document.



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**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The TOWN of BRAINTREE is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the Town of Braintree to submit a CORI check for my information to DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Braintree with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Town of Braintree may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that the Town of Braintree must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on the second page of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject (EVENT MANAGER)*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

**DO NOT FILL IN THE INFORMATION BELOW\***

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*Date*