



Charles C. Kokoros  
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  
Mark Dubois, Police Chief  
James F. O'Brien, 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.

It is requested that documents be submitted at least 45-days prior to the date of event. Applicant will be notified on the scheduled hearing date. Hearings are scheduled at 2:00pm on the 2nd and 4th Tuesday during September through May and at 2:00pm on the 3rd Tuesday during the months of June, July and August. Hearing will be held at Braintree Town Hall, Johnson Chambers (2nd floor).

Persons holding a Special License **MUST** purchase alcoholic beverages from a licensed wholesaler/importer, manufacturer, farmer-winery, farmer-brewery or special permit holder (See attached list). 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 the alcoholic beverages without first 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 left over alcohol cannot be stored at the licensed location after date & time the Special License expires.

**\*\*\*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.

**EVENTS BEING HELD ON TOWN PROPERTY → see attached Special Use Permit Application**

- (1) Certificate of Liability Insurance: Town must be named as additional insured with a minimum amount of 1 million dollars (\$1,000,000) in liability
- (2) Attach copy of completed Special Use Permit with this application.


Check  one of the following:

- One-Day All-Alcoholic Beverages (license fee \$75 - 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 \$50 - 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>	
<b>Organization Address:</b>	
<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"	
<b>Applicant Address:</b>	
<b>Applicant e-mail:</b>	<b>Phone #:</b>
<b>Event Manager Name:</b> Write "Same" if applicant	
<b>Event Manager Address:</b>	
<b>Event Manager e-mail:</b>	<b>Phone #:</b>

## Event Information

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

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

- |   |                                |                                |   |
|---|--------------------------------|--------------------------------|---|
| <b>Event being held on Town Property:</b> | <input type="checkbox"/> - No  | <input type="checkbox"/> - Yes |  <b>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 or Designee, at their discretion, may require a Police Detail be assigned to the event. Determination on the need of a Police Detail will be made at the Licensing Board Hearing. Applicant/Organization is responsible for the scheduling and payment of all Police Details.

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

# ALCOHOL SERVER TRAINING ROSTER

For

## One-Day Alcoholic Beverages License

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

**Only persons 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 the DCJIS. I hereby acknowledge and provide permission to the Town of Braintree to submit a CORI check for my information to the 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 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*



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## APPLICATION FOR ONE-DAY ENTERTAINMENT LICENSE

### Contact Information

<b>Organization Name:</b>	_____
<b>Organization Address:</b>	_____
<b>Applicant Name:</b>	Applicant must be a person - "Not an entity"
<b>Applicant Address:</b>	_____
<b>Applicant e-mail:</b>	_____
<b>Phone #:</b>	_____

### Event Information

<b>Event Name:</b>	_____		
<b>Date:</b>	<b>Day of Week:</b>	<b>Month:</b>	<b>Day:</b>
_____	_____	_____	_____
<b>Time:</b>	<b>Start:</b>	<b>End:</b>	<b>am/pm</b>
_____	_____	_____	_____

Live Music:	<input type="checkbox"/> - No	<input type="checkbox"/> Yes	→ _____
Disc Jockey:	<input type="checkbox"/> - No	<input type="checkbox"/> Yes	→ _____
Floor Show:	<input type="checkbox"/> - No	<input type="checkbox"/> Yes	→ _____
Dancing:	<input type="checkbox"/> - No	<input type="checkbox"/> Yes	→ _____
Other:	<input type="checkbox"/> - No	<input type="checkbox"/> Yes	→ _____

**Submit a Floor Plan drawing depicting the proposed area as to the whereabouts of the entertainment**

The undersigned hereby makes application for an entertainment license pursuant to MGL, Chapter 140 & 136.

\_\_\_\_\_  
Signature of Applicant

**Application Fee \$25.00 - attach check for \$25 payable to the Town of Braintree to application**

**Any special conditions imposed by the Licensing Authority will be incorporated on the face of the license.**

**SPECIAL USE PERMIT  
SPECIAL EVENT APPLICATION ISNTRUCTIONS**

Thank you for considering the Town of Braintree for your event! Completing this form is the first step in your application process. **This is not your permit.** Due to the numerous requests we receive, completing and submitting this application does not confirm your date nor signify any intention by the Town to approve this application.

**Applying for a Permit**

**STEP #1** Complete **ALL** fields on the Special Event application. Please attach all event information including route maps, site set up diagrams, list of vendors and any additional information relevant to your event. If you are a non-profit organization, please submit a copy of your 501C3 non-profit determination. (Please note a certificate of liability insurance is still required for non-profit organization.) Submit the completed application **at least 45 days prior** to the actual event date, and retain a copy for your records.

**STEP #2** Return completed Special Event application with a check or money order for the \$45.00 application fee at least 45 days prior to the actual event date. Money orders or checks should be made payable to the Commonwealth of Massachusetts/DCR. Credit cards and cash are not accepted.

**STEP #3** Mail/drop off applications with fee to:

**Mayor's Office/Special Events  
Town of Braintree  
One JFK Memorial Drive  
Braintree, MA 02184**

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**What happens next?**

1. Your application will be reviewed to determine whether the requested location is available. Permits are granted on a first-come first-serve basis.
2. Applicable fees may apply to cover expenses incurred for facility custodial services and utility expenses. Charges will be determined by the Town and payment rendered prior to receipt of permit. A minimum fee of \$100.00 is charged per 2 hour period. A fee of \$45.00 is charged per additional hour. For events occurring outside of Town Hall hours, additional staffing costs will apply. Costs for police and/or fee details may also be assessed depending on the nature of your event.
3. If you are scheduling a large and/or complicated event, you may be required to obtain approval from several Town Departments (Building, Board of Health, Police and Fire) as well as one day alcohol and/or entertainment licensing. You will be notified as to which approvals are necessary depending on the size/scope of your event. These approvals must be obtained prior to the date of your event.
4. **You must secure and submit a certificate of Liability Insurance** to the Town of Braintree **14 days** prior to your event. The Town of Braintree must be named as additional insured for the date and location of your event with a minimum amount of 1 million dollars (\$1,000,000) in liability. This is required for **all** special use permits and your permit will not be issued without the certificate
5. Your special event permit will be mailed, emailed and/or faxed to you. Due to the many changing components of an event, Special Event Permits are often issued only a few days in advance of your event.

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**Important Information**

- All event publicity, printed materials and communications with your participants shall state Town of Braintree in the title when referring to your event location. (Example: "Braintree Town Hall")
- **Alcohol Policy:** **NO** alcohol is allowed without approval from the Town Licensing Board. If seeking Licensing Board approval, this form must be submitted with the application for a one day special alcohol license.
- **All non-profit organizations must submit a copy of your 501C3 non-profit determination letter.**
- The Town reserves the right to deny requests due to prior disrespect of facilities, property, equipment, personnel and/or rules and regulations.

**TOWN OF BRAINTREE  
SPECIAL EVENT APPLICATION**

**For office use only:**

Permit No. \_\_\_\_\_

Check No. \_\_\_\_\_

**SPECIAL EVENT APPLICATION**

**Application fee \$25**  
Complete ALL fields Below

EVENT DATE(S): \_\_\_\_\_ Attendees: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Event Website: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

**TYPE OF EVENT (CHECK ALL THAT APPLY):**

Run \_\_\_\_\_ Banquet \_\_\_\_\_ Festival \_\_\_\_\_ Reunion \_\_\_\_\_  
 Walk \_\_\_\_\_ Movie Night \_\_\_\_\_ Concert \_\_\_\_\_ Fundraiser \_\_\_\_\_  
 Recital \_\_\_\_\_ Meeting \_\_\_\_\_ Theatre \_\_\_\_\_ Other \_\_\_\_\_

**FACILITY REQUESTED:**

TOWN HALL AUDITORIUM \_\_\_\_\_ SUNSET LAKE \_\_\_\_\_ FRENCH'S COMMON \_\_\_\_\_ SMITH BEACH \_\_\_\_\_  
 TOWN PARK/FIELD (SPECIFY) \_\_\_\_\_ TOWN BUILDING (SPECIFY) \_\_\_\_\_

	Date(s)	Start time (am/pm)	End Time (am/pm)
Event Set Up:			
Event:			
Clean Up:			

**CERTIFICATE OF LIABILITY INSURANCE REQUIRED.** The certificate must name the Town of Braintree as additionally insured for the date and location of your event. Your certificate must be submitted at least **14 days prior to your event for your permit to be issued.**



DESCRIBE YOUR EVENT IN DETAIL. IF APPLICABLE, ATTACH CURRENT SITE SET-UP MAPS, WALK AND RUN ROUTE MAPS WITH WATER STOPS/ CHECK POINTS AND DESCRIPTIONS, ROAD AND LANE CLOSURE PLAN

Please indicate whether the following items pertain to your event:

- YES NO Does your event require electricity?  
If yes, are you bringing a generator? \_\_\_\_\_  
If yes, are you requesting a Town power source? \_\_\_\_\_  
(may require additional Town of Braintree staffing charge)  
If yes, what is the electricity for? \_\_\_\_\_
- YES NO Are you placing portable toilets? (requires Board of Health Approval)  
Set up Date/Time \_\_\_\_\_ Removal Date/Time \_\_\_\_\_
- YES NO Are you using Town Hall after normal business hours?  
(If yes, may require additional Town of Braintree staffing charge)
- YES NO Are you placing any tents or other structures at your event? Are the tents heated? \_\_\_\_\_  
(may require Building and Fire Dept Approval)  
Set up Date/Time \_\_\_\_\_ Removal Date/Time \_\_\_\_\_
- YES NO Are you setting up any stages? (all stages require Building Insp. Approval)  
Set up Date/Time \_\_\_\_\_ Removal Date/Time \_\_\_\_\_
- YES NO Are you requesting to have mechanical rides or inflatables (jumpy houses, etc.)?
- YES NO Are you serving any refreshments/ food? (may require Fire and/or Health Dept. Approval)  
If yes, what are you serving \_\_\_\_\_  
Does this require the use of propane tanks? \_\_\_\_\_ (Fire Detail and extinguisher required)
- YES NO Are you requesting any vendors? (food, fire, health permits required)  
Provide a list of vendors and items for sale on a separate sheet
- YES NO Are you serving alcohol? (requires one day special alcohol license MGL c. 183, Sec. 14)
- YES NO Are you providing entertainment, i.e. music, DJ, movie?  
(may require entertainment license MGL c. 140, sec. 183)
- YES NO Are you requesting table and chair set up? Tables needed \_\_\_\_\_ Chairs needed \_\_\_\_\_
- YES NO Is this for a Braintree Youth Program?
- YES NO For a walk/run, will you have any waterstops/checkpoints?  
If yes – must include a map with the locations
- YES NO Are you requesting a road closure? Location: \_\_\_\_\_
- YES NO Are you providing recycling and/or waste clean up services?

**\*\* NOTE: ALL "REQUESTS" must have Town of Braintree approval and may require additional charges.**

Permittee accepts complete liability and responsibility for Permittee's use of the property and its actions and the actions of its members, guests, invitees, agents and employees upon the site, and an agreement that the Permittee will indemnify, defend and hold harmless the Town of Braintree against any and all claims that may arise.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_