



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009000016

CITY OR TOWN **BERKLEY**

APPLICATION FOR RENEWAL:

Seasonal
 CLASS

LICENSED FOR **2015**

YEAR

LICENSEE NAME: **CHAMBERLAIN FARM INC.**

DOING BUSINESS AS **CHAMBERLAIN FARM STAND**

ADDRESS **12 FRIEND STREET**

CITY/TOWN: **BERKLEY**

STATE: **MA**

ZIP CODE: **02779**

MANAGER: **JACQUELINE CHAMBERLAIN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 1/2 ACRE OF LAND WITH AN OPEN PAVILLION LOCATED ON

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
