

**APPLICATION BY A FARMER WINERY FOR LICENSE TO SELL AT A  
FARMER'S MARKET  
(CH.138, §15F)**

YEAR 20

**1. Licensee Information:**

ABCC License Number:  
(If Existing Licensee)

FW-LIC-000149

Name of Applicant: Anthony Lulek

Mailing Address: 35 Dalton Road, Holliston, MA 01746

Business Name (d/b/a if different): Little Beehive Farm

Manager of Record: Anthony Lulek

City/Town: Holliston State MA Zip 01746

Phone Number of Premises: 617-281-8867

Other Phone:

Email: tony@littlebeehivefarm.com

Website: Littlebeehivefarm.com

Contact Person concerning this application (attorney if applicable):

Name:

City/Town:

State

Zip

Address:

Email:

Contact Number:

Fax Number:

**2. Event Information:**

A. Farmer's Market licenses are only permitted at events that the Department of Agriculture has certified as Agricultural Events.

*Please attach document from Department of Agricultural Resources certifying that this is an agricultural event.*

Date(s) of Event: 9/1/18-21/31/18 ; Saturdays 9/22, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17, 11/24, 12/1, 12/8, 12/15, 12/22, 12/29

B. Contact person for applicant during event:

Name: Tony Lulek

Phone number of contact: 617-281-8867

C. Description of the premises within the Farmer's Market:

Address of Premises for the Sale of Wine: Natick Common, Natick Farmers Market

City/Town: Natick

State

MA

Zip

01760

Phone Number of Premises:

Describe Area to be Licensed:

Booth on Common. Little Beehive Farm. Situated right next to Market Manager Booth (Deb Sayre)

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**3. Existing License(s) to Manufacture, Export and Sell at Retail:**

List the license(s) you hold which authorize the manufacture, exportation and retail sale of wine to consumers: (Attach a copy of each license)

Name	License Type	License Address
Anthony Lulek d/b/a Little Beehive F	Federal Basic Permit	35 Dalton Rd., Holliston, MA 01746

**4. Are you providing, without charge, samples of wine to prospective customers?**

Yes ☒ No ☐

*Section 15F specifically requires that "all samples of wine shall be served by an agent, representative or solicitor of the licensee."*

**A. If yes, please provide names and addresses of all agents, representatives and solicitors:**

Name	Address	ABCC License Number
Anthony Lulek d/b/a Little Beehive F	35 Dalton Rd., Holliston, MA 01746	FW-LIC-000149

**B. Proof of Age for Sale to Consumers:**

Please identify all methods by which you will obtain proof of age before providing samples or making any sales of wine to consumers :

Valid Mass License or ID. I will be taking the TIPS class on 9/20 at the Crowne Plaza in Natick.

**5. Transportation and Delivery:**

Please identify in detail all persons or businesses that are licensed under M.G.L. c. 138, §22 that will be making any delivery of wine on your behalf to the Farmer's Market in Massachusetts.

None

\*If additional space is needed, please use last page.

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**6. Safety and Tax Registration:**

Has the Farmer's Market registered with the Food and Drug Administration? Yes ☒ No ☐ Registration Date:

**7. Disclosure of License Disciplinary Action:**

Have any of the your licenses to sell alcoholic beverages ever been suspended, revoked or cancelled?

Yes ☐ No ☒

If yes, list said interest below:

Date	License	Reason why license was Suspended, Revoked or Cancelled

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Note: The LLA may require additional information.

Signature

*Anthony Lulid*

Title

*Owner*

Date

*9/10/18*

DEPARTMENT OF THE TREASURY - ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

**BASIC PERMIT**

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER  
MA-W-21059

2. DATE OF PERMIT

05/30/2018

3. REGISTRY NUMBER (if applicable)  
BWN-MA-21058

4. DATE OF APPLICATION 03/26/2018

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)  
ANTHONY LULEK

dba LITTLE BEEHIVE FARM

35 DALTON RD  
HOLLISTON, MA 01746

6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

\*Used for Contract Bottling or Packaging/Branding Purposes

## 7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a. ☐ Distilled Spirits - ☐ distiller ☐ rectifier (processor) ☐ warehouseman and/or ☐ warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b. ☒ Wine - ☒ producer and blender ☐ blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c. ☐ Importer - importing into the United States the following alcoholic beverages:  
while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d. ☐ Wholesaler - Purchasing for resale at wholesale the following alcoholic beverages:  
while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so purchased.

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO OPERATIONS OFFICE WITHOUT DELAY.

THIS IS AN



ORIGINAL PERMIT



AMENDED PERMIT

REASON FOR AMENDMENT

DATE OF AMENDMENT

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

FOR JOHN J. MANFREDA, ADMINISTRATOR

TTB F 5170.2 (1/2005)



Commonwealth of Massachusetts  
Office of the State Treasurer  
Alcoholic Beverages Control Commission

**FARMER-WINERY LICENSE**

**M.G.L. c. 138, § 19B**

This Farmer-Winery License authorizes the following licensee to produce, rectify, blend, or fortify, keep and expose for sale and to sell wine containing not more than twenty-four percent alcohol by weight:

**Anthony Lulek DBA Little Beehive Farm**

35 35 DALTON RD  
Holliston, MA 01746

Approved by the Alcoholic Beverages Control Commission on August 21, 2018

*Jean M. Lorzio*  
Jean Lorzio, Chairman

*Elizabeth Lashway*  
Elizabeth Lashway, Commissioner

*Kathleen McNally*  
Kathleen McNally, Commissioner

License Number: FW-LIC-000149  
Record Number: 2018-000006-FW-APP  
Capacity: 5K Gallons or Less

**THIS LICENSE WILL EXPIRE DECEMBER 31, 2018 UNLESS REVOKED OR CANCELLED DURING THIS PERIOD**  
THIS LICENSE SHALL BE DISPLAYED ON THE PREMISES IN A CONSPICUOUS PLACE WHERE IT CAN BE EASILY READ

# THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



## Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114  
617-626-1700 fax: 617-626-1850 [www.mass.gov/agr](http://www.mass.gov/agr)



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lt. Governor

MATTHEW A. BEATON  
Secretary

JOHN LEBEAUX  
Commissioner

August 28, 2018

Anthony Lulek  
Little Beehive Farm  
35 Dalton Rd.  
Holliston, MA 01746

Re: Natick Farmers Market

Dear Anthony Lulek:

Please be advised that your application for certification of the Natick Farmers Market, on Saturdays from September 1, 2018 to December 29, 2018, and from 9:00 am to 1:00 pm, as an agricultural event pursuant to M.G.L. c. 138, Section 15F has been approved.

Please remember that, upon certification of an agricultural event by MDAR, the farm-winery must submit a copy of the approved application to the local licensing authority along with the application for obtaining a special license from the city or town in which the event will be held. Upon issuance of a special license, the winery should confirm that a copy of the special license was sent by the local licensing authority to the Alcoholic Beverages Control Commission (ABCC) at least seven (7) days prior to the event.

Sincerely,

A handwritten signature in black ink, appearing to read "John Lebeaux", written in a cursive style.

John Lebeaux, Commissioner



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/11/2018

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).

<b>PRODUCER</b> FRANK BINGHAM FRANK BINGHAM INSURANCE 1408 PROVIDENCE HWY., SUITE 130 NORWOOD, MA 02062	<b>CONTACT NAME:</b> JOANNE HARRINGTON <b>PHONE (A/C No., Ext.):</b> 781-255-2002 <b>E-MAIL ADDRESS:</b> FRANK.BINGHAM@VERIZON.NET <b>FAX (A/C No.):</b> 781-255-1874
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> FARM FAMILY CASUALTY <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> SPECIAL FARM PCKG  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	A		2001G1853	05/08/2018	05/08/2019	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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**TOWN OF NATICK  
13 EAST CENTRAL STREET  
NATICK, MA 01760**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

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