



**TOWN OF BELMONT, 455 Concord Avenue, Belmont, MA 02478**  
**Office of the Selectmen, 617-993-2610**  
**www.belmont-ma.gov**

**AGRICULTURAL WINE PERMIT  
FARMERS' MARKET  
IN ACCORDANCE WITH MGL CH. 138, SECTION 15F**

DATE OF APPLICATION: \_\_\_\_\_

1. Name of the ownership of your company and name of Manager:
2. DBA (if applicable) :
3. Address of Business:
4. Contact Information (phone, website, email address)
5. Dates of participation in Belmont Farmers' Market
6. Location of Booth within the Market (must be same location every date)
7. Name of Insurance Company (must provide Certificate of Liability; insurance must be in excess of \$1 million coverage and naming The Town of Belmont as Additional Insured))
8. Date that agricultural plan accepted by Department of Agricultural Resources (include a copy of accepted plan or some proof that DAR has accepted your plan)
9. Do you plan on allowing samples (1 ounce or less) of your product?    YES        NO  
  
    If yes, what is your plan to ensure that only people over the age of 21 are served, as well as your plan for controlling a limit of 5 samples per person per day?
10. Briefly explain how you plan on disposing of any trash generated by your activity at your booth:
11. PLEASE INCLUDE A BANK OR CASHIER'S CHECK FOR \$50 (PERMIT FEE).

BY signing this application I attest that I will abide by all rules and regulations set forth by the Town of Belmont and will relieve the Town of Belmont, and any employee, agent, official or representative of the Town of any and all liability for any and all claims, actions, causes of action, demands, damages, costs, loss of services, expenses and compensation which the applicant may have as a result of doing business on town owned property at the Belmont Farmers' Market.

---

(name of applicant and date signed)