

## Town of Falmouth

59 Town Hall Square, Falmouth MA 02540 508-495-7320

# Outdoor Alcoholic Beverages Table Service Area Checklist

*Submit a complete application at least 3 weeks prior to Select Board hearing.*

### **Step 1: *Is your property ready for amendment approval?***

- Bring the completed Town application form to Building Department to determine whether a Certified Plot Plan or a Landscape Plan is required. This must adhere to the ABCC Outdoor Guidelines, page 7.
- If total seating does not change submit the required plan showing exterior seating and a Floor Plan completed/stamped by an Engineer or Architect showing reduced interior seating and occupancy load to the Building Commissioner with the Town application form.
- If applying to increase total seating submit a Floor Plan of the current premises with occupancy load calculation completed & stamped by an Engineer or Architect and the plan required to the Building Commissioner with the Town application form.
- Obtain the Building Commissioner's signature on the completed sign-off sheet.
- Obtain signatures of the Town Planner, Health Agent, and Fire & Rescue on the sign-off sheet.

### **Step 2: *Now complete the requirements.***

- Complete, print, and sign the Alteration of Premises application found at <https://www.mass.gov/alcoholic-beverages-retail-licenses> (do not pay \$200 fee) **and** the Town application form found at <https://www.falmouthma.gov/724/Licensing-Documents-Applications>
- Assessor's Office - Obtain a Certified List of Abutters: *Immediate abutters plus churches and schools within 500'.*
- Copy of the lease or deed
- Liquor Liability Insurance specifying the outdoor area \$250K per occurrence/\$500k aggregate naming the Town as certificate holder
- Building Department – Apply for an updated Certificate of Inspection.
- Health Department - Apply for an updated Food Service Establishment Permit, *in most cases*
- Town of Falmouth filing fee \$50.00

### **Step 3: *Now you are ready to submit the application to the Select Board.***

- Submit complete applications with all requirements including the Certified List of Abutters. Incomplete applications will be rejected.
- A License Hearing is scheduled and a Notice of Hearing is emailed to the applicant.
- Applicant must at their own expense place the hearing notice for advertisement in the Falmouth Enterprise. The publication date will be provided.
- Applicant to send the Notice of Hearing to all abutters by Certified Mail at least 3 days prior to the Hearing advertisement.
- Submit the Affidavit of Abutter Notification with the receipts from the certified mailing.
- Attend the Select Board License Hearing.

**Proofread the application carefully. Incomplete applications will be rejected.**  
For questions contact [licensing@falmouthma.gov](mailto:licensing@falmouthma.gov) or call 508-495-7320



## Alteration of Premises Outdoor Seating ONLY Sign-off Sheet

The plan must be a Landscape Plan that shows the outdoor area and parking, must be ADA compliant, must include the seating area layout with all seats, the location of the area as it relates to the brick and mortar premises, detail the seating and standing capacities of the area, and show all barriers that enclose the outdoor area.

ENTITY NAME: \_\_\_\_\_

ENTITY ADDRESS: \_\_\_\_\_

LICENSE APPLIED FOR: \_\_\_\_\_

Plan submitted & drawn by: \_\_\_\_\_

Plan number: \_\_\_\_\_

Plan date: \_\_\_\_\_

Revision date: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

If an increase in seating/occupancy is requested there may be additional requirements including:

- The plumbing code 248 CMR may require an increase in bathroom stalls.
- A site plan review by the Town Planner may be required
- A determination by the Health Agent or the Wastewater Superintendent regarding septic or sewer capacity may be required

Original Seating Capacity: \_\_\_\_\_ Proposed: \_\_\_\_\_ Original Occupancy#: \_\_\_\_\_ Proposed: \_\_\_\_\_

The attached Landscape Plan has been approved by the Building Commissioner as appropriate for this application.

Building Commissioner: X \_\_\_\_\_

DATE: \_\_\_\_\_

Town Planner: X \_\_\_\_\_

DATE: \_\_\_\_\_

Health Agent: X \_\_\_\_\_

DATE: \_\_\_\_\_

Fire & Rescue: X \_\_\_\_\_

DATE: \_\_\_\_\_

Conservation Administrator: *Certain areas under Conservation Commission jurisdiction also require review and signature*

X \_\_\_\_\_ DATE: \_\_\_\_\_



## Town of Falmouth Assessing Department

59 Town Hall Square, Falmouth MA 02540

Telephone: 508-495-7380

Fax: 508-495-7384

### REQUEST OF CERTIFIED ABUTTERS LIST

Name of person requesting abutters list: \_\_\_\_\_

Address of person requesting abutters list: \_\_\_\_\_

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

Abutters to (subject property): Map \_\_\_\_\_ Section \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_

Map \_\_\_\_\_ Section \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_

Map \_\_\_\_\_ Section \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_

Lot size of subject property: \_\_\_\_\_

Location of subject property: \_\_\_\_\_

\_\_\_\_\_

Check one:

\_\_\_\_\_ Direct abutters (includes properties across street)

\_\_\_\_\_ Direct abutters in local Historic District (includes properties across the street) within 100'

\_\_\_\_\_ Immediate abutters (includes only properties with a common property line)

\_\_\_\_\_ Immediate abutters plus churches and schools within 500'

\_\_\_\_\_ Properties within 300'

\_\_\_\_\_ Properties within 300' or abutters abutter to abutter whichever is closest

\_\_\_\_\_ Properties within 100'

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Fee. \$25.00 Total \_\_\_\_\_



**TOWN OF FALMOUTH**

**AFFIDAVIT OF NOTICE OF MAILING TO ABUTTER AND OTHERS**

To the Select Board of the Town of Falmouth, for the application by \_\_\_\_\_

\_\_\_\_\_, for \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby certify that the attached is a true list of the persons shown upon the Assessor's most recent valuation list as the owners of the property abutting the proposed location for an alcoholic beverages license at:

\_\_\_\_\_

And that the following schools, churches, or hospitals are located within a radius of five hundred (500) feet from said proposed location,

\_\_\_\_\_

\_\_\_\_\_

If there are none, please so state: \_\_\_\_\_

I also certify that the notice of this application/petition concerning an alcoholic beverages license was given to the above by mailing to each of them within three days after publication of same, a copy of the advertisement is attached below.

Signed and subscribed to under penalties of perjuries this day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## Town of Falmouth

### License Application – Department Contact Information

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**Select Board**      **Town Hall**      **(508) 495-7320**      [licensing@falmouthma.gov](mailto:licensing@falmouthma.gov)

- License applications.

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**Building**      **Town Hall**      **(508) 495-7470**      <https://www.falmouthma.gov/307/Building>

- Approval of floor plan and/or site plan.

Apply online using **PermitEyes**

- Certificate of Inspection.
- Sign Permit

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**Zoning Appeals**      **Town Hall, Second Floor**      **(508) 495-7460**

- Special permit.

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**Planning**      **Town Hall, Second Floor**      **(508) 495-7440**

- Site plan review.

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**Assessor**      **Town Hall**      **(508) 495-7380**      <https://www.falmouthma.gov/175/Assessing>

- Certified abutters list.

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**Police**      **750 Main St.**      **(774) 255-4527**

- Call Central Records to schedule an appointment for the fingerprint-based background check.

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**Health**      **Town Hall**      **(508) 495-7485**      <https://www.falmouthma.gov/273/Health>

Apply online using **PermitEyes**

- Food service establishment permit.

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**Town Clerk**      **Town Hall**      **(508) 495-7360**

- Certificate of Doing Business.
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*Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, Massachusetts 02150*

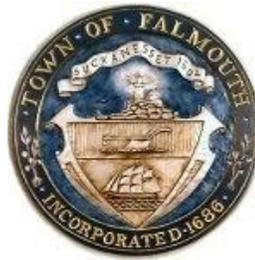
**Jean M. Lorizio, Esq.**  
*Chairman*

**GUIDELINES FOR OUTDOOR ALCOHOLIC BEVERAGE SERVICE AREAS**

1. The licensure of outdoor alcoholic beverage service areas that are outside of the “suitable building” as provided in M.G.L. c. 138, §1, must follow the license application and approval process as provided in Chapter 138 for retail on-premises consumption licenses.
2. Local Licensing Authorities (“LLAs”) have discretion to apply reasonable conditions to the outdoor alcoholic beverage service areas, such as the requirement of food service and/or seated service.
3. All applications for outdoor alcoholic beverage service areas must include documentation demonstrating the right of the Licensee to occupy or permission to use the outdoor alcoholic beverage service area(s). This must include permission to transport alcoholic beverages over public property, if applicable, such as over public sidewalks.
4. Outdoor alcoholic beverage service areas should be contiguous to the licensed building premises with a clear and direct view of the outdoor area from inside the licensed building premises. Further, the Licensee must actively supervise the outside alcoholic beverage service area.
5. Outdoor alcoholic beverage service areas that are noncontiguous to the premises’ building are permitted. However, they must be in the immediate vicinity of, and within clear and direct view of, the existing licensed building premises. Licensees are reminded that their applications may be denied if, in the LLA’s or ABCC’s discretion, it is determined that any proposed noncontiguous outdoor alcoholic beverage service area is in an unsuitable location, such as being too far from the premises’ building or being in an unsafe location. For noncontiguous outdoor alcoholic beverage service areas, the licensee must have an adequate number of employees that are physically present in the outdoor alcoholic beverage service area at all times when alcoholic beverages are being sold or consumed.
6. All outdoor alcoholic beverage service areas must be enclosed by a barrier, fence, or partition, sufficient for the licensee to maintain control of access to the area and to provide a safe environment for patrons.
7. The LLA should consider the type of neighborhood and the potential impact of noise in the environs before approving outdoor alcoholic beverage service areas.

Questions concerning this Advisory may be directed to Ralph Sacramone, Executive Director of the Massachusetts Alcoholic Beverages Control Commission at (617) 727- 3040 x 731.

(Issued April 7, 2022)



## TOWN OF FALMOUTH

Office of the Town Manager & Selectmen  
59 Town Hall Square, Falmouth, Massachusetts 02540  
Telephone (508) 495-7320

### OUTDOOR ALCOHOLIC BEVERAGE TABLE SERVICE AREA APPLICATION

ENTITY NAME \_\_\_\_\_

*D/B/A if any:* \_\_\_\_\_

ABCC LICENSE NUMBER: \_\_\_\_\_, *if any*

DATE OF CORPORATE VOTE TO APPLY FOR OUTDOOR SERVICE, *liquor licenses only.*

APPLICATION CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LOCATION ADDRESS:

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

TELEPHONE – BUSINESS: \_\_\_\_\_ AFTER HOURS: \_\_\_\_\_

PROPOSED OUTDOOR SERVICE HOURS: \_\_\_\_\_

SEATING CAPACITY: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_

NUMBER of EXITS FROM OUTDOOR AREA: \_\_\_\_\_

NUMBER of ENTRANCES TO OUTDOOR AREA: \_\_\_\_\_

SQUARE FOOTAGE OF THE PROPOSED OUTDOOR AREA: \_\_\_\_\_

LEASE

DEED

*If Lease or Tenant, LANDLORD* \_\_\_\_\_

LANDLORD ADDRESS \_\_\_\_\_

LANDLORD PHONE: \_\_\_\_\_ LANDLORD EMAIL: \_\_\_\_\_

LEASE BEGIN DATE: \_\_\_\_\_ LEASE END DATE: \_\_\_\_\_

Describe in detail the type of fence, rope, or other barrier, and how it will enclose the proposed Exterior Licensed Premises, define the area, and control access and egress through identifiable entry points, *a requirement for liquor licenses only:*

Provide a description and number of all outdoor tables, seats, service area, and host stands:

Provide a description of all indoor tables, bars, and seats and whether indoor seating will be reduced to meet occupancy requirements:

**Describe how outdoor alcohol storage will be secured, *liquor licenses only*:**

**Describe how outdoor area will be accessed from the interior of the premises:**

**Describe all egress points from the proposed outdoor area:**

**If the area being applied for is non-contiguous describe how the proposed area will be in clear and direct view from the inside of the existing licensed premises OR describe how there will be dedicated staff on duty in the area at all times:**

Provide details of how the applicant will ensure alcohol purchased off-premises will not be brought onto or consumed on the outdoor premises, *liquor licenses only*:

Provide details of how the applicant will ensure patrons do not leave the outdoor premises with alcohol in their possession, *liquor licenses only*:

**PLEASE NOTE:**

This application for seating in outdoor areas *is an extension of the already approved licenses to serve food and alcoholic beverages*. All regulations pertaining to the original licenses apply to the outdoor area unless otherwise amended by the Falmouth Select Board.

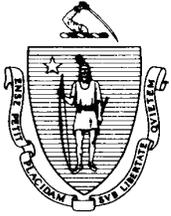
This application *does not* extend any existing Entertainment Licenses to the outdoor area. No form of entertainment including recorded and live music, amplified or acoustic, with or without dancing, shall be allowed in the outdoor licensed area until such time as the Licensee has applied for and obtained a license or amended an existing license for the outdoor area from the Select Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM

**AMENDMENT-Change or Alteration of Premises Information**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.**

ECRT CODE: RETA

Please make \$200.00 payment here: [ABCC PAYMENT WEBSITE](#)

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN

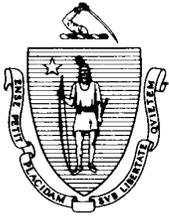
STATE

ZIP CODE

For the following transactions (Check all that apply):

- New License
- Change of Manager
- Change of Officers/Directors
- Change of Ownership Interest
- Change Corporate Name
- Change of DBA
- Alteration of Licensed Premises
- Change of Location
- Other
- Change of Class (i.e. Annual / Seasonal)
- Change of License Type (i.e. club / restaurant)
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Issuance/Transfer of Stock/New Stockholder
- Change Corporate Structure (i.e. Corp / LLC)
- Change of Hours
- Pledge of Collateral (i.e. License/Stock)
- Management/Operating Agreement

**THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL**



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**AMENDMENT-Change or Alteration of Premises Information**

**Change of Location**

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**Alteration of Premises**

- Payment Receipt
- Monetary Transmittal Form
- Chg of Location/Alteration of Premises Application
- Financial Statement
- Vote of the Entity
- Supporting financial records
- Legal Right to Occupy
- Floor Plan
- Abutter's Notification
- Advertisement

**1. BUSINESS ENTITY INFORMATION**

Entity Name

Municipality

ABCC License Number




Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.

**APPLICATION CONTACT**

The application contact is the person who should be contacted with any questions regarding this application.

Name

Title

Email

Phone





**2. ALTERATION OF PREMISES**

**2A. DESCRIPTION OF ALTERATIONS**

Please summarize the details of the alterations and highlight any specific changes from the last-approved premises.

**2B. PROPOSED DESCRIPTION OF PREMISES**

Please provide a complete description of the proposed premises, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

## AMENDMENT-Change or Alteration of Premises Information

### **3. CHANGE OF LOCATION**

#### **3A. PREMISES LOCATION**

Last-Approved Street Address

Proposed Street Address

#### **3B. DESCRIPTION OF PREMISES**

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Sq. Footage

Seating Capacity

Occupancy Number

Number of Entrances

Number of Exits

Number of Floors

#### **3C. OCCUPANCY OF PREMISES**

Please complete all fields in this section. Please provide proof of legal occupancy of the premises. (E.g. Deed, lease, letter of intent)

Please indicate by what means the applicant has to occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes  No

#### 4. FINANCIAL DISCLOSURE

Associated Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):

Associated Cost(s):

#### SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

#### SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

## APPLICANT'S STATEMENT

I,  the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager  
Authorized Signatory  
of   
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

Date:

Title:

## **ADDITIONAL INFORMATION**

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

**ENTITY VOTE**

The Board of Directors or LLC Managers of   
Entity Name  
duly voted to apply to the Licensing Authority of  and the  
City/Town  
Commonwealth of Massachusetts Alcoholic Beverages Control Commission on   
Date of Meeting

For the following transactions (Check all that apply):

- Alteration of Licensed Premises
- Change of Location
- Other

“VOTED: To authorize   
Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

A true copy attest,

\_\_\_\_\_  
Corporate Officer /LLC Manager Signature

\_\_\_\_\_  
(Print Name)

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)