



Commonwealth of Massachusetts
 Department of the State Treasurer
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
 Telephone: (617) 727-3040
 Fax: (617) 727-1258

Timothy P. Cahill
 Treasurer and Receiver General

Eddie J. Jenkins
 Chairman

**Application for a storage permit
 in a duly licensed Bonded Warehouse
 (M.G.L. Chapter 138, Section 20)**

LICENSEE NAME:

The undersigned being the holder of a _____ License No. _____

hereby applies for a permit to store alcoholic beverages during the year 20____.

ADDRESS OF PREMISES: (State every entrance and exit to the particular premises to be covered by the permit, including cellar bulkheads).

Street

City or Town

Zip Code

DETAILED DESCRIPTION OF THE PREMISES TO BE USED FOR STORAGE:
 (State number of rooms on each floor).

Have you registered with the Food and Drug Administration? _____

FDA REGISTRATION NO. _____ Date of Registration: _____

Is the premises located within 500 feet of a school or building devoted to divine worship such as a church or synagogue?

YES _____ NO _____. (If yes, state information accurately and in full detail.)

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

SIGNATURE

DATE

POSITION/TITLE

TELEPHONE NUMBER/FAX NUMBER

Pursuant to M.G.L. Ch. 62 C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

SOCIAL SECURITY NUMBER

SIGNATURE OF INDIVIDUAL
OR CORPORATE NAME

DATE

FEDERAL IDENTIFICATION NUMBER

SIGNATURE OF
CORPORATE OFFICER
(IF APPLICABLE)

DATE

PERMIT FEE: \$1,000.00

(PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS)

CHECK: _____

MONEY ORDER: _____

(UNDER THE PROVISIONS OF SECTION 20, OF CHAPTER 138 OF THE GENERAL LAWS, THERE SHALL NOT BE GRANTED TO ANY MANUFACTURER OR WHOLESALER AND IMPORTER, IN THE AGGREGATE, MORE THAN THREE STORAGE PERMITS IN THE COMMONWEALTH, NOT MORE THAN ONE SUCH PERMIT IN ANY CITY OR TOWN.)

MONETARY TRANSMITTAL FORM 1

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:
 BANK OF AMERICA - ALCOHOLIC BEVERAGES CONTROL COMMISSION
 POST OFFICE BOX 3396
 BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
DATE:		

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
AIRLINE MASTER FOR SALE TO PASSENGERS	3094	_____	\$ 500.00	\$ _____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$ _____
BROKERS	3007	_____	\$ 5000.00	\$ _____
BONDED WAREHOUSE SALESMAN	3095	_____	\$ 1000.00	\$ _____
TRANSP. FOR SALESMAN	3011	_____	\$ 200.00	\$ _____
RAILROAD MASTER FOR SALE TO PASSENGERS	3097	_____	\$ 150.00	\$ _____
RAILROAD (EACH RR CAR)	3009	_____	\$ 500.00	\$ _____
STEAMSHIP	3009	_____	\$ 50.00	\$ _____
SHIP CHANDLER	3010	_____	\$ 500.00	\$ _____
TRANSPORTATION & DELIVERY	3099	_____	\$ 1000.00	\$ _____
WAREHOUSEMAN	3097	_____	\$ 150.00	\$ _____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION	3095	_____	\$ 500.00	\$ _____
RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$ _____
			CHECK TOTAL	\$ _____