

The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

AIRLINE LICENSE APPLICANTS
(M.G.L. CH. 138, S. 13)

Procedures to apply for or renew a license

Important - payment and mailing procedures

All applicants must complete the enclosed monetary transmittal form, attach your payment and application to the transmittal for and mail to:

Alcoholic Beverages Control Commission
C/O Bank of America, Post Office Box 3396
Boston, MA 02241-3396

Enclosed is an application to apply for an Airline license (to sell or transport alcoholic beverages) or to renew your license.

The following must accompany your application:

LICENSE FEE: (Payable to the Commonwealth of Massachusetts)

TO SELL: \$500.00 for the Master License and \$50.00 for each Certified Copy.

TO TRANSPORT: \$1,500.00, **requirements of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188 ("the Bioterrorism Act of 2002.")**

ARTICLES OF ORGANIZATION:

(a) NEW APPLICANTS

If applicant is a Corporation, submit APPROVED copy of Articles of Organization issued by the Secretary of State of Massachusetts.

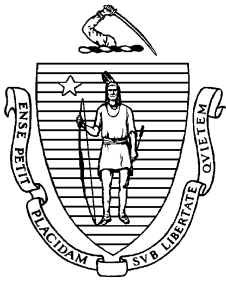
(b) RENEWAL APPLICANTS

Copy of approved articles of organization are required only if there have been any changes/amendments in the articles currently on file with this commission.

Renewal applications MUST be submitted by NOVEMBER 30th of the calendar year.

Website address: www.mass.gov/abcc

Any questions please call, Theresa Strianese (617) 727-3040 x 21.



The Commonwealth of Massachusetts
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239 Causeway Street
Boston, MA 02114

2010

AIRLINE TRANSPORTATION APPLICATION
(M.G.L. CH. 138, SEC. 22)

NAME OF AIRLINE: _____

ADDRESS: _____

TELEPHONE NUMBER (AREA CODE): _____

The undersigned being a Common Carrier by Air operating out of the port of _____,
Massachusetts, hereby applies for a permit to TRANSPORT alcoholic beverages not to be consumed by
passengers in its aircraft during the year 20____.

Have you registered with the Food and Drug Administration? _____

FDA Registration No. _____ Date of Registration _____

The foregoing statements are made under the penalties of perjury.

Signature _____

(DATE)

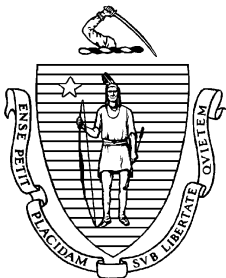
Title _____

IMPORTANT NOTICE PAYMENT AND MAILING PROCEDURES

All applicants must complete a monetary transmittal form. Attach your payment and application to the
transmittal form and mail to:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

FEE: \$1,500.00 (CHECK PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS)



The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

2010

**AIRLINE LICENSE APPLICATION
(M.G.L. Ch. 138, Sec. 13)**

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER (AREA CODE): _____

The undersigned being an Airline Corporation operating an airline within the Commonwealth, hereby applies for a license to sell alcoholic beverages to passengers for consumption in its aircraft.

Describe the aircraft to be licensed (give names, numbers or scheduled flight numbers, and type of aircraft). Please attach additional page if more space is needed.

The foregoing statements made under the penalties of perjury.

Signature _____ Date _____

Title _____

Pursuant to M.G.L. Ch. 62C, 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

by: _____
Corporate Officer Date
(If applicable)

FEE: \$500.00 PLUS \$50.00 FOR EACH CERTIFIED COPY, PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

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 WAREHOUSEMAN	3099	_____	\$ 1000.00	\$_____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION	3097	_____	\$ 150.00	\$_____
RR, SHIP, OR AIRLINE	3095	_____	\$ 500.00	\$_____
			CHECK TOTAL	\$_____