



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

**2009**

**APPLICATION FOR A STORAGE PERMIT  
(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.

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

.....  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
.....

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

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.)

.....  
Have you registered with the Food and Drug Administration?.....

Date of Registration:.....

FDA REGISTRATION NO. ....

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

Signature .....Date: .....

Position/Title .....

Telephone Number .....

**(Under the provisions of Section 20, of Chapter 138 of the General Laws, as amended, there shall not be granted to any  
Manufacturer, Farmer-Winery, Farmer-Brewery 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.)**

Pursuant to M.G.L. Chapter 62C, Section 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                      Date

\_\_\_\_\_  
Federal Identification Number

\_\_\_\_\_  
Signature of Corporate Officer                      Date

PERMIT FEE:    \$2,000.00

(Payable to the Commonwealth of Massachusetts)

Check .....

Money Order .....

MONETARY TRANSMITTAL

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:*

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>CITY/TOWN:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>DATE:</b>		

<u>LICENSE NAME</u>	<u>REV. CODE</u>	# OF PERMITS, LICENSES, CERTIFICATE REQUESTED	<u>FEE AMOUNT</u>	<u>TOTAL</u>
COMMERCIAL ALCOHOL MANUFACTURERS, ALC. BEV.	3008	_____	\$ 500.00	\$ _____
FARMER WINERY	3005	_____	\$ 9000.00	\$ _____
FARMER BREWERY	3005	_____	\$22.00 - \$110.00	\$ _____
PUB BREWERS	3005	_____	22.00 - \$110.00	\$ _____
MANUFACTURERS, WINE & MALT	3005	_____	\$ 1000.00	\$ _____
WHOLESALEERS ALL AB	3006	_____	\$ 4500.00	\$ _____
WHOLESALEERS WM	3006	_____	\$ 10000.00	\$ _____
WHOLESALEERS SAC	3006	_____	\$ 5000.00	\$ _____
SALESMAN	3011	_____	\$ 3000.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 200.00	\$ _____
STORAGE	3095	_____	\$ 150.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 2000.00	\$ _____
CERTIFICATE OF COMPLIANCE				
2.17 REGISTRATION	3095	_____	\$ 150.00	\$ _____
			<b>CHECK TOTAL</b>	<b>\$ _____</b>