Print Form

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

APPLICATION FOR A COMMERCIAL ALCOHOL
MONETARY TRANSMITTAL FORM

[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **COMM**

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: **$500.00**

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE):

LICENSEE NAME:

ADDRESS:

CITY/TOWN: STATE ZIP CODE

LICENSE TYPE	FEE	# OF PERMITS	COST
COMMERCIAL ALCOHOL	$500.00	1	$500.00

YOU MUST MAIL THIS TRANSMITTAL FORM ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396

Application for a Commercial Alcohol License

(M.G.L. c. 138, §76)

YEAR 20

Application for (Check One): ☐ New License ☐ Renewal ☐ Other

1. License Catagory:

Mechanical ☐ Manufacturing ☐ Chemical ☐

2. License Local Information:

Name of Applicant: Business Name (if different) :

Manager of Record: ABCC License Number:

Address of Premises: CITY/TOWN: STATE ZIP

Address of Warehouse (if different from above) CITY/TOWN: STATE ZIP

Phone Number of Premises: Other Phone:

Email: Website:

3. Description of Premises:

Please attach a detailed floor plan of premises to be licensed, clearly delineate licensed from unlicensed areas and include dimensions, square footage and entrances / exits.

Provide the distance to the nearest Church or School from any storage location:

Do you provide transportation delivery service for any other person or entity? Yes ☐ No ☐

If yes, please explain:

4. Occupancy of Premises:

By what right does the applicant have possession of the premises? Please select Other

Landlord is a(n): Please Select Other

Name Phone:

Address: City/Town: State Zip

Lease Term: Beginning Date Ending Date

Rent: per year Rent: per month

IMPORTANT ATTACHMENTS: A copy of the signed lease must accompany this application in order for it to be processed.

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5. Licensee Structure:

The Applicant is a(n): Please select Other :

If the applicant is a Corporation or LLC, complete the following:

State of Incorporation/Organization: Date of Incorporation/Organization:

IMPORTANT ATTACHMENTS: Attach the vote by the Board of Directors or LLC Managers appointing a manager or principal representative as well as the Articles of Organization as filed with the Secretary of State's Office.

6. Interests in this License:

List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS: All individuals or entities listed below are required to complete a Personal Information Form.

Name	Title	Beneficial Interest	Stock or % Owned

***If additional space is needed, please use last page.**

7. Existing Interests in Other Licenses:

a. Does the applicant hold a direct or indirect beneficial or financial in any other license, permit or certificate to sell alcoholic beverages? Yes ☐ No ☐ **If yes,** list said interest below:

Name	License Type	Licensee Name & Address	Type of Interest

b. Does any person, entity or member of their immediate family (spouse, children, parents or siblings) who has a direct or indirect beneficial interest in this license have any direct or indirect beneficial or financial interest in any other license, permit or certificate to sell alcoholic beverages? Yes ☐ No ☐ **If yes,** list said interest below:

Name	License Type	Licensee Name & Address	Type of Interest

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8. Previously Held Interests in Other Licenses:

Has any individual or entity who has a direct or indirect beneficial interest in this license ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☐
If yes, list said interest below:

Name	License Type	Licensee Name & Address	Date	Reason Terminated

9. Prior Disciplinary Action:

Has any person or entity identified in this license application ever been involved directly or indirectly in an alcoholic beverage license, permit or certificate suspension, revocation or cancellation? Yes ☐ No ☐
If yes, complete the following for each person or entity.

Date of Action	Licensee Name	Reason of Suspension, Revocation or Cancellation

10. Criminal Record:

Has any individual who has a direct or indirect beneficial interest in this license ever been convicted of a municipal, state, federal or military crime? Yes ☐ No ☐

IMPORTANT ATTACHMENTS: If yes, the individual must provide an affidavit as to any and all charges as well as the disposition.

11. Suppliers of Licenses:

Identify suppliers that your company is presently doing business with (a computerized printout may be submitted.)

Supplier Name	Address	FDA Registration Number

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12. Wholesaler of Licensee:

Identify other Massachusetts Wholesaler(s) who are distributing your product(s) and the product(s) each distributes:

Wholesaler	Products Distributed

13. Federal Compliance:

a. Submit a copy of the permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB).

b. Have you registered with the Food and Drug Administration? Yes ☐ No ☐

Registration Date

14. Surety Bond:

Submit the required surety bond in the penal sum of $1,000.00.

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury, that all statements and representations therein are true.

Signature

Date

Title

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Manager Application

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. Licensee Information:

Legal Name of Licensee: _____ Business Name (d/b/a) _____

Address: _____

City/Town _____ State _____ Zip Code _____

ABCC License Number: _____ Phone Number of Premise _____
(If existing licensee)

2. Manager Information:

Name: _____ Cell Phone Number: _____

Are you a U.S. Citizen: Yes ☐ No ☐ Court and Date of Naturalization: _____

(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

List the number of hours per week you will spend on the licensed premises: _____

Have you ever been charged or convicted of a state, federal or military crime? Yes ☐ No ☐

If yes, attach an affidavit as to all charges and disposition.

Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes ☐ No ☐

If yes, please describe: _____

Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes ☐ No ☐

If yes, please describe: _____

If additional space is needed, please use the last page

Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

_____

If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature _____ Date _____

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Personal Information Form

Each individual listed in §10 of this application must complete this form.

1. Licensee Information:

Legal Name of Licensee: _____ Business Name (d/b/a) _____

Address: _____ ABCC License Number: _____
(If existing licensee)

City/Town _____ State _____ Zip Code _____

Phone Number of Premise _____ EIN of License: _____

2. Personal Information:

Individual Name _____ Home Phone Number: _____

Address: _____

City/Town _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____

Place of Employment _____

Have you ever been convicted of a state, federal or military crime? Yes ☐ No ☐
If yes, attach an affidavit as to all charges and disposition.

3. Financial Interest:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

IMPORTANT ATTACHMENTS: For all cash contributions, attach last 3 months of bank statements for the source(s) of this cash.
If additional space is needed, please use the last page

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature _____ Date _____

Title _____ (If Corporation/LLC Representative)

Additional Space

Please note which question you are using this space for.