Print Form

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

**APPLICATION FOR A LICENSE TO SELL**
**ALCOHOLIC BEVERAGES ON A SHIP**
**MONETARY TRANSMITTAL FORM**
[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **SHIP**

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 |
|---|---|---|---|
| SHIP MASTER LICENSE FOR SALE OF ALCOHOLIC BEVERAGES TO PASSENGERS | $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 License to Sell Alcoholic Beverages on a Ship

**YEAR 20**

**1. LICENSEE INFORMATION:**

Name of Applicant:

Business Name (if different) :

Manager of Record:

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:

**2. 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:

Shares of stock are authorized: Shares of stock are issued:

**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.

**3. 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.

# Application for a License to Sell Alcoholic Beverages on a Ship

**4. PRIOR LICENSE ACTION:**

Has any person or entity who has a direct or indirect beneficial interest in this license ever had a license to sell alcoholic beverages suspended, revoked or cancelled? Yes ☐ No ☐ **If yes**, list said interest below:

| DATE | LICENSE | REASON WHY LICENSE WAS SUSPENDED, REVOKED OR CANCELLED |
|---|---|---|
| | | |
| | | |

**5. 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.

**6. SHIP INFORMATION:**

Name of Ship to be Licensed:

License Category: ☐ All Alcoholic ☐ Wine and Malt

Ship to be Docked at:

Months of Operation From: To:

Is the ship fully built and ready for ABCC inspection? Yes ☐ No ☐

Does the ship have current Coast Guard Certification? Yes ☐ No ☐ **(Must be provided)**

**7. DESCRIPTION OF SHIP:**

Please provide a complete description of the premises to be licensed. The description should include the location of all entrances and exits. Attach a diagram with dimensions and square footage for each level.

Maximum Capacity Crew Size:

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

# Personal Information Form

**Each individual listed in §3 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)

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

# 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: (If existing licensee) _____ Phone Number of Premise _____

**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: _____

Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☐ No ☐

If yes, please describe: _____

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 _____

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

# 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)

**Commonwealth of Massachusetts**
**Alcoholic Beverages Control Commission**
**239 Causeway Street, First Floor**
**Boston, MA 02114**

***STEVEN GROSSMAN***
***TREASURER AND RECEIVER GENERAL***

***KIM S. GAINSBORO, ESQ.***
***CHAIRMAN***

# CORI REQUEST FORM

The Alcoholic Beverages Control Commission has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information. For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

***ABCC LICENSE INFORMATION***

**ABCC NUMBER:** (IF EXISTING LICENSEE) **LICENSEE NAME:** **CITY/TOWN:**

***APPLICANT INFORMATION***

LAST NAME: FIRST NAME: MIDDLE NAME:

MAIDEN NAME OR ALIAS (IF APPLICABLE): PLACE OF BIRTH:

DATE OF BIRTH: SSN: ID THEFT INDEX PIN (IF APPLICABLE):

MOTHER'S MAIDEN NAME: DRIVER'S LICENSE #: STATE LIC. ISSUED: AL

GENDER: HEIGHT: WEIGHT: EYE COLOR:

CURRENT ADDRESS:

CITY/TOWN: STATE: ZIP:

FORMER ADDRESS:

CITY/TOWN: STATE: ZIP:

***PRINT AND SIGN***

PRINTED NAME: APPLICANT/EMPLOYEE SIGNATURE:

***NOTARY INFORMATION***

On this before me, the undersigned notary public, personally appeared

(name of document signer), proved to me through satisfactory evidence of identification, which were

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

*NOTARY*

*DIVISION USE ONLY*

REQUESTED BY:

*SIGNATURE OF CORI-AUTHORIZED EMPLOYEE*

The DCJI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the DCJI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **ALL CORI request forms that include this field are required to be submitted to the DCJI via mail or by fax to (617) 660-4614.**

Additional Space

Please note which question you are using this space for.