Print Form

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

## APPLICATION FOR A FARMER-WINERY LICENSE
## MONETARY TRANSMITTAL FORM

[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **FAWY**

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA:

(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 |
|---|---|---|---|
| **FARMER-WINERY** 5,000 GALLONS OR LESS | $22.00 | | |

## 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 Farmer-winery License
(CH.138, §19B)

YEAR 20

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

## 1. Licensee 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:

## 2. 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:

## 3. 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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**YEAR 20**

**4. 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:

Is the Corporation publicly traded? Yes ☐ No ☐

Are at least 50% of the Directors/ LLC Managers United States citizens? Yes ☐ No ☐

Are the majority of the Directors/ LLC Managers Massachusetts residents? Yes ☐ No ☐

Is the manager or principal representative a U.S. citizen? Yes ☐ No ☐

Are all Members and Partners involved at least twenty-one years old? Yes ☐ No ☐

**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.

**5. 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 | Stock or % Owned | Other Beneficial Interest |
|---|---|---|---|
| | | | |

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

**6. 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 |
|---|---|---|
| | Please Select | |
| | Please Select | |
| | Please Select | |
| | Please Select | |
| | Please Select | |

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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 |
|---|---|---|
| | Please Select | |
| | Please Select | |
| | Please Select | |

**7. 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 | Licensee Name & Address | Date | Reason Terminated |
|---|---|---|---|
| | | | Please Select |
| | | | Please Select |
| | | | Please Select |

**8. 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 |
|---|---|---|
| | | |
| | | |
| | | |

**9. 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.

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# (CH.138, §19B)

**10. 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 |
|---|---|---|
| | | |

**11. Wholesaler of Licensee:**

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

| Wholesaler | Products Distributed |
|---|---|
| | |
| | |

**12. 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

**13. Costs Associated with License Transaction:**

A. Real Property:

B. Business Purchase

C. Renovations/Construction:

D. Start up/Operating Capital:

E. Inventory:

F. Goodwill:

G. Fixtures / Equipment:

**H. TOTAL COST**

**I. TOTAL CASH**

**J. TOTAL AMOUNT FINANCED**

**IMPORTANT ATTACHMENTS:** Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction.

The amounts listed in subsections (I) and (J) must total the amount reflected in (H).

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**14. Financing:** Explain how financing this license (include loans, mortgages, lines of credit, notes, etc.):

**15. Pledge:** (i.e. collateral for a loan)

Are you seeking approval to pledge the license? ☐ Yes ☐ No

**If yes**, describe terms and conditions and to whom:

If a corporation, are you seeking approval to pledge any of the corporate stock? ☐ Yes ☐ No

**If yes**, to whom: Number of Shares

Pledging Inventory? ☐ Yes ☐ No **If yes**, to whom:

**IMPORTANT ATTACHMENTS:** If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC approving the pledge.

**16. Financial Aid:**

Have you or your company received any financial aid from any individual or entity, foreign or domestic, holding any type of alcoholic beverage license, permit or certificate? ☐ Yes ☐ No

Does any individual or entity, foreign or domestic, licensed for the sale of alcoholic beverages have any financial interest in the business for which you seek a license? ☐ Yes ☐ No

**If yes**, to either question provide details:

**17. Surety Bond:**

Submit the required surety bond in the penal sum of: $3,000.00

**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

**The Commonwealth of Massachusetts**
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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.