Print Form

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

SCHEDULE OF PRICES TO WHOLESALERS

[This schedule must be typewritten or printed]

Effective for the month of _____ 20 ____

This schedule is subject to such rules and regulations as the Alcoholic Beverages Control Commission has or may hereafter adopt.

The undersigned licensee (or his duly authorized representative) files the following schedule of prices pursuant to the requirements of Sections 25A and 25B, Chapter 138 of the General Laws, as amended. This schedule is signed under the penalties of perjury.

Date _____ Address of licensed premises: _____

Name of Licensee _____ City/Town _____ State ____ Zip Code ____

Signature _____ Massachusetts License or Certificate Number _____

Type of Beverage and brand name	Capacity of Container	Where stated on label			Price		# of Bottles Per Case	Discount for Quanity
		Age	If a blend % and kind of Neutral Spirits	Proof or Alcoholic Content	Per bottle (if so sold)	Per Case		