Print Form

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

REVENUE CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: $200.00

(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, CAN BE OBTAINED FROM THE CITY):

LICENSEE NAME:

ADDRESS:

CITY/TOWN: STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- ☐ New License
- ☐ Transfer of License
- ☐ Change of Manager
- ☐ Cordials/Liqueurs Permit
- ☐ 6-Day to 7-Day License
- ☐ New Officer/Director
- ☐ Change of Location
- ☐ Alteration of Licensed Premises
- ☐ New Stockholder
- ☐ Management/Operating Agreement
- ☐ Pledge of License
- ☐ Pledge of Stock
- ☐ Transfer of Stock
- ☐ Issuance of Stock
- ☐ Wine & Malt to All Alcohol
- ☐ Change Corporate Name
- ☐ Seasonal to Annual
- ☐ Change of License Type
- ☐ Other

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

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

Application for Retail Alcoholic Beverage License

City/Town

1. Licensee Information:

Legal Name/Entity of Applicant:(e.g Corporation, LLC, Individual)

Business Name (if different) : Manager of Record:

ABBC License Number (for existing licenses only) :

Address of Licensed Premises: CITY/TOWN: STATE ZIP

Business Phone: Cell Phone:

E-mail: Website:

2. Transaction:

- ☐ New License
- ☐ New Officer/Director
- ☐ Transfer of Stock
- ☐ Issuance of Stock
- ☐ Transfer of License
- ☐ New Stockholder
- ☐ Management/Operating Agreement

The following transactions must be processed as new licenses:

- ☐ Seasonal to Annual
- ☐ 6-Day to 7-Day License
- ☐ Wine & Malt to All Alcohol

IMPORTANT ATTACHMENTS: The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

3. Type of License:

- ☐ §12 Restaurant
- ☐ §12 Hotel
- ☐ §12 Club
- ☐ §12 Veterans Club
- ☐ §12 General On-Premise
- ☐ §12 Tavern (No Sundays)
- ☐ §15 Package Store

4. License Category:

- ☐ All Alcoholic Beverages
- ☐ Wine & Malt Beverages Only
- ☐ Wine or Malt Only
- ☐ Wine & Malt Beverages with Cordials/Liqueurs Permit

5. License Class:

- ☐ Annual
- ☐ Seasonal

6. Contact Person concerning this application (attorney if applicable)

NAME:

ADDRESS:

CITY/TOWN: STATE ZIP CODE

CONTACT PHONE NUMBER: FAX NUMBER:

EMAIL:

7. Description of Premises:

Please provide a complete description of the premises to be licensed. The description should include the location of all entrances and exits.

IMPORTANT ATTACHMENTS: The applicant must attach a floor plan with dimensions and square footage for each floor & room.

Occupancy Number: Seating Capacity:

8. Occupancy of Premises:

By what right does the applicant have possession and/or legal occupancy of the premises? Please select

IMPORTANT ATTACHMENTS: The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Other:

Landlord is a(n): Please Select Other

Name Phone:

Address: City/Town: State Zip

Initial Lease Term: Beginning Date Ending Date

Renewal Term: Options/Extensions at Years Each

Rent: per year Rent: per month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales?
Yes ☐ No ☐

IMPORTANT ATTACHMENTS: If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest in the Landlord must be disclosed in §10 and must submit a completed Personal Information Form attached to this application. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.

9. 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:

Is the Corporation publicly traded? Yes ☐ No ☐

10. 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.**

11. Existing Interests in Other Licenses:

Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license 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	
	Please Select	
	Please Select	

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

12. Previously Held Interests in Other Licenses:

Has any individual listed in §10 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

13. Disclosure of License Disciplinary Action:

Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled?
Yes ☐ No ☐ If yes, list said interest below:

Date	License	Reason of Suspension, Revocation or Cancellation

14. Criminal Record:

Has any individual listed in §10 or who has a direct or indirect beneficial interest in this license ever been convicted of a municipal, state, federal or military crime? Yes ☐ No ☐

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

15. Citizenship and Residency Requirements for a (§15) Package Store License ONLY:

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☐ No ☐
4. Are all members and partners involved at least twenty-one years old? Yes ☐ No ☐

16. Citizenship and Residency Requirements for (§12) Restaurant, Hotel, Club, General On Premise, Tavern, Veterans Club License ONLY:

1. Are all Directors/LLC Managers U.S. Citizens? Yes ☐ No ☐
2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes ☐ No ☐
3. Is the License Manager or Principal Representative a U.S. Citizen? Yes ☐ No ☐

17. Costs Associated with License Transaction:

A. Purchase Price for Real Property:

B. Purchase Price for Business Assets:

C. Costs of Renovations/Construction:

D. Initial Start-Up Costs:

E. Purchase Price for Inventory:

F. Other: (Specify)

G: TOTAL COST

H. TOTAL CASH

I. 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. Sources of cash should include a minimum of three (3) months of bank statements.

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

18. Provide a detailed explanation of the form(s) and source(s) of funding for the costs identified in §17 (include loans, mortgages, lines of credit, notes, personal funds, gifts):

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

19. List each lender and loan amount(s) from which *"total amount financed"* noted in subsections 17(I) will derive:

Name	Dollar Amount	Type of Financing

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

Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes ☐ No ☐

If yes, please describe:

20. Pledge: (i.e. collateral for a loan)

Is the applicant seeking approval to pledge the license? ☐ Yes ☐ No

If yes, describe terms and conditions and to whom:

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

If yes, to whom: Number of Shares

Is the applicant pledging the 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.

21. Construction of Premise

Are the premises being remodeled, redecorated or constructed in any way? ☐ Yes ☐ No If YES, please provide a description of the work being performed on the premises:

If all the information is not completed the application may be returned

APPLICANT'S STATEMENT

I, _____ the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☐ LLC/LLP member of _____, hereby submit this application for _____ (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

(1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;

(2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;

(3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;

(4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;

(5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;

(6) I understand that all statements and representations made become conditions of the license;

(7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;

(8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and

(9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature: _____ Date _____

Title _____

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

Personal Information Form

Each individual listed in Section 10 of this application and the proposed manager 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: Alabama

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.**

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PETITION FOR TRANSFER OF OWNERSHIP

ABCC License Number

City/Town

The licensee _____ and the proposed transferee _____ respectfully petition the Licensing Authorities to approve the following transfer of ownership.

Is the PRESENT licensee a Corporation/LLC duly registered under the laws of the Commonwealth of Massachusetts?

☐ Yes ☐ No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

Name	Title	Address	Stock or % Owned

Is the PROPOSED transferee a Corporation/LLC, duly registered under the laws of the Commonwealth of Massachusetts?

☐ Yes ☐ No If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

TO: (Place an * before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or % Owned

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE: _____

(If a Corporation/LLC, by its authorized representative)

Date Signed _____

SIGNATURE OF PROPOSED TRANSFEREE: _____

Additional Space

Please note which question you are using this space for.

New Stockholders Checklist

This application will be returned if the following documentation is not submitted:

- ☐ Retail Transmittal Form
- ☐ $200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- ☐ Newspaper Notice
- ☐ Petition for Transfer of Ownership
- ☐ Retail Application with:
- ☐ Personal Information Form for all individuals with beneficial interests in the license
- ☐ Supporting Financial Records
- ☐ All records, loan agreements, documents, as well as affidavits detailing the source(s) of money for this license transaction
- ☐ 3 months worth of bank statements confirming the sources of funds
- ☐ Vote of Corporate Board or LLC
- ☐ Form 43 (From Local Licensing Board)
- ☐ CORI Application