Print Form

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

APPLICATION FOR A CATERER'S 12C LICENSE
MONETARY TRANSMITTAL FORM
[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **CATR**

CHECK AMT 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
CATERER'S §12C LICENSE	$1,500.00	1	$1,500.00
PERMIT TO TRANSPORT ALCOHOLIC BEVERAGES (REQUIRED)	$150.00	1	$150.00
TOTAL COST			$1650.00

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 AN ALL ALCOHOLIC BEVERAGES CATERER'S §12C LICENSE

1. LICENSE CATEGORY:

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

2. Business/Licensee/Applicant Information:

Entity Name:

FEIN:

DBA Name (if different):

Primary Phone:

Email:

ABCC License Number:

Website:

Mobile Phone:

Manager of Record:

3a. Premises Address:

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

3b. Business Address (if different from Premises):

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

3c. Mailing Address (if different from Premises):

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

4. Application Contact Information:

First Name:

Middle:

Last Name:

Title:

Contact Type: *:

Company:

*Role in the License (i.e. License Manger, Member of Business Organization, Director, Partner, Stockholder, Officer, Attorney, Other)

Primary Phone:

APPLICATION FOR AN ALL ALCOHOLIC BEVERAGES CATERER'S §12C LICENSE

5. Legal Structure Information:
Please select one legal structure and provide the attachment required.

☐ A. Sole Proprietor

Are you doing business as a DBA? (Y/N)

IMPORTANT ATTACHMENTS: Attach a Copy of DBA- Business Certificate.

☐ B. Partnership

Date of Partnership Agreement:

IMPORTANT ATTACHMENTS: Attach a Copy of Partnership Agreement.

☐ C. Corporation

Date of Incorporation/Organization: State of Incorporation:

Is the Corporation publicly traded? (Y/N)

IMPORTANT ATTACHMENTS: Attach Articles of Organization as filed with the Secretary of State's Office.

☐ D. LLC ☐ LLP

Date of Organization: State of Organization:

IMPORTANT ATTACHMENTS: Attach Articles of Organization as filed with the Secretary of State's Office.

☐ E. Non-Profit Corporation

Date of Incorporation:

Please provide a list Officer(s), Director(s), and Trustee(s).

IMPORTANT ATTACHMENTS: Attach Articles of Organization as filed with the Secretary of State's Office.

IMPORTANT ATTACHMENTS: Attach Incorporation Documents

☐ F. Association *WHICH INCLUDES C. 182, §1 CHARTIABLE AND VOLUNTARY TRUSTS

Date of Association Formation: State of Association Formation:

IMPORTANT ATTACHMENTS: Attach Annual Report

☐ G. Estate Proceeding

Docket Number:: Date Filed:

Name of Executor/Executrix or Administrator/Administratrix or Personal Representative::

Probate Court:

IMPORTANT ATTACHMENTS: Attach Paperwork Of Executor/Executrix Or Administrator/Administratrix Or Personal Representative

5. Legal Structure Information (Continued):

☐ H. Bankruptcy Proceeding

Bankruptcy Court Location:

Docket Number::

Date Filed:

Trustee Name:

IMPORTANT ATTACHMENTS: Attach separate court order allowing this motion and/or notice

IMPORTANT ATTACHMENTS: Attach endorsement of the judge in the margin of this motion and/or notice

IMPORTANT ATTACHMENTS: Attach a clerk certification as to the process regarding this motion and/or notice

IMPORTANT ATTACHMENTS: Attach a complete copy of the matrix of creditors in the bankruptcy

☐ I. MA Business Trust

Name of Trustee(s):

Name of all Beneficiaries:

All Beneficiaries over twenty-one? (Y/N):

Date Filed:

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 (5):

A. All individuals or entities listed below are required to complete a Personal Information Form.

B. All shareholders, LLC members or other individuals with any ownership in this license must complete a CORI Release Form.

Name of Beneficial Interest	All Titles and Positions	% Owned

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

APPLICATION FOR AN ALL ALCOHOLIC BEVERAGES CATERER'S §12C LICENSE

7. 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.

Do you lease or otherwise provide space for any other entity to store alcoholic beverages? Yes ☐ No ☐

If yes, please explain:

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

If yes, please explain:

8. 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.

9. 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: Any individual, LLC, corporate entity, etc. providing funds of $50,000 or greater towards this transaction, must provide proof of the source of said funds. Proof may consist of three consecutive months of bank statements with a minimum balance of the amount described, a letter from your financial institution stating there are sufficient funds to cover the amount described, loan documentation, or other documentation.

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

APPLICATION FOR AN ALL ALCOHOLIC BEVERAGES CATERER'S §12C LICENSE

10. LIST EACH LENDER AND LOAN AMOUNT(S)FROM WHICH "TOTAL AMOUNT FINANCED"NOTED IN SUB-SECTIONS (I) ABOVE WILL DERIVE:

Name	Dollar Amount	Type of Financing

11. FINANCING: Explain how financing this license (include loans, mortgages, lines of credit, notes, etc.):

12. 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.

13. INSURANCE AND SERVER TRAINING:

Submit a copy of the Liquor Liability Insurance in the required minimum amount of $250,000.00/$500,000.00.
List employees/agents who will serve alcoholic beverages. Please attach a copy of certificate of server training from a nationally recognized program.

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

APPLICATION FOR AN ALL ALCOHOLIC BEVERAGES CATERER'S §12C LICENSE

14. TYPE OF BUSINESS:

Provide a detailed explanation of your business including how long you have been engaged in that business and how you will use the area described in section 3 that is covered by a Board of Health Food Service Permit.

IMPORTANT ATTACHMENTS: Please attach a copy of your Board of Health Food Service Permit.

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

15. CONSTRUCTION OF PREMISES:

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

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 _____

IF ALL OF THE INFORMATION AND ATTACHMENTS ARE NOT COMPLETE
THE APPLICATION WILL BE
RETURNED

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 (dba): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

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

2. MANAGER INFORMATION:

A. Name: _____ B. Cell Phone Number: _____

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

3. CITIZENSHIP INFORMATION:

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

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

4. BACKGROUND INFORMATION:

A. 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: _____

B. 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: _____

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

If yes, please describe: _____

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

_____

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 Section 6 of this application must complete this form.

1. LICENSEE INFORMATION:

A. Entity Name:

D. ABCC License Number (If existing licensee)

B. DBA

C. Address

City/Town: State: Zip Code:

2. PERSONAL INFORMATION:

A. Individual Name

B. Home Phone Number

C. Address

D. City/Town

State Zip Code Title/Role:

E. Social Security Number

F. Date of Birth

Are you a residents of Massachusetts? Yes ☐ No ☐

Are you a U.S. citizen? Yes ☐ No ☐

G. Place of Employment

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

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

5. OTHER BENEFICIAL INTEREST:

List any direct or indirect, beneficial or financial interest in any other Massachusetts Alcoholic Beverages License(s).

ABCC License Number: Percent of Interest:

Type of Interest (Choose Primary Role: License Status:

ABCC License Number: Percent of Interest:

Type of Interest (Choose Primary Role: License Status:

ABCC License Number: Percent of Interest:

Type of Interest (Choose Primary Role: License Status:

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

6.FAMILIAL BENEFICIAL INTEREST:

ABCC License Number: Relationship to You:

Type of Interest (Choose Primary Role: Percent of Interest:

ABCC License Number: Relationship to You:

Type of Interest (Choose Primary Role: Percent of Interest:

ABCC License Number: Relationship to You:

Type of Interest (Choose Primary Role: Percent of Interest:

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

7.PRIOR DISCIPLINARY ACTION:

Date of Action: Licensee Name Reason:

Date of Action: Licensee Name Reason:

Date of Action: Licensee Name Reason:

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

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

DEBORAH B. GOLDBERG
TREASURER AND RECEIVER GENERAL

CORI REQUEST FORM

KIM S. GAINSBORO, ESQ.
CHAIRMAN

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.**

Application for a §12C Caterer's Permit to Transport and Deliver Alcoholic Beverages
(M.G.L. Chapter 138, §22)

CT _____

1. Applicant Information:

Applicant Name: _____

Business Name (d/b/a, if different) _____

Address of Premises: _____ City/Town: _____ State _____ Zip _____

Telephone: _____ E-mail Address _____

ABCC License Number: _____

2. Applicant is a §12C Caterer's License.
This Transportation Permit for a §12C Caterer's License allows pickup of alcoholic beverages only from wholesalers and deliveries to a private event (Not open to the public).

3. Vehicle Information:

Address where the vehicle is principally garaged: _____

Vehicle Identification # _____ Vehicle Registration #: _____

Vehicle Make:: _____ Vehicle Model: _____

If the vehicle is owned or leased by an employee, provide the name and address of the registrant:

Employee Name	Employee Address	Employment Capacity

If additional space is needed, use the last page

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 _____

PERMIT TO TRANSPORT ALCOHOLIC BEVERAGES (REQUIRED)

Additional Space

Please note which question you are using this space for.

CATERER'S 12C LICENSE CHECKLIST

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

- ☐ Monetary Transmittal Form
- ☐ $1650.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- ☐ Caterer's 12 C Application with:
  - ☐ Vote of Corporate Board or LLC
  - ☐ Manager's Form
  - ☐ Personal Information Form for all individuals with beneficial interests in the license and a proposed license manager
  - ☐ CORI Release Form (for manager only)
  - ☐ Articles of Organization for Corporation or LLC, or other documentation as stated in the "Legal Structure Information" Section in the Application.
  - ☐ All financial records, loan agreements and/or documents, for source(s) of money who are funding more than $50,000 towards this license transaction
  - ☐ Floor Plan
  - ☐ Signed lease or documents proving a legal right to occupy premises
  - ☐ Liquor Liability Insurance
  - ☐ Board of Health Food Service Permit
  - ☐ Copy of Vehicle Registration
  - ☐ ServSafe or TIPS certification for each person serving liquor under this license

<u>EACH</u> ADDITIONAL TRANSPORTATION PERMIT
FILL OUT TRANSPORTATION APPLICATION BELOW

Print Form

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

Application for a §12C Caterer's Permit to Transport and Deliver Alcoholic Beverages

MONETARY TRANSMITTAL FORM

[APPLICATION MUST BE COMPLETED ONLINE]

ONE CHECK PER TRANSMITTAL SHEET

ECRT CODE: **TRAN**

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:

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE):

LICENSEE NAME:

ADDRESS:

CITY/TOWN: STATE ZIP CODE

LICENSE TYPE	FEE	# OF PERMITS	TOTAL COST
EACH ADDITIONAL TRANSPORTATION PERMIT *ONLY ONE TRANSPORTATION PERMIT IS INCLUDED IN THE CATERER'S APPLICATION*	x $150.00		

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 §12C Caterer's Permit to Transport and Deliver Alcoholic Beverages
(M.G.L. Chapter 138, §22)

CT _____

1. Applicant Information:

Applicant Name: _____

Business Name (d/b/a, if different) _____

Address of Premises: _____ City/Town: _____ State _____ Zip _____

Telephone: _____ E-mail Address _____

ABCC License Number: _____

2. Applicant is a §12C Caterer's License.
This Transportation Permit for a §12C Caterer's License allows pickup of alcoholic beverages only from wholesalers and deliveries to a private event (Not open to the public).

3. Vehicle Information:

Address where the vehicle is principally garaged: _____

Vehicle Identification # _____ Vehicle Registration #: _____

Vehicle Make:: _____ Vehicle Model: _____

If the vehicle is owned or leased by an employee, provide the name and address of the registrant:

Employee Name	Employee Address	Employment Capacity

If additional space is needed, use the last page

I 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 _____