Print Form

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

APPLICATION FOR A CERTIFICATE OF COMPLIANCE
MONETARY TRANSMITTAL FORM

[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **CERT**

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
CERTIFICATE OF COMPLIANCE LESS THAN 5000 CASES	$200.00		

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

Year: 20

Application for a Certificate of Compliance (M.G.L. Chapter 138, §18B)

License Number: C

1. Certificate Information:

Business/Applicant Name:

Business/Applicant Name (d/b/a, if different):

Mailing Address:

Mailing City/Town: Mailing State: Zip:

Country: Phone Number:

Email:

2. Certificate Holder Information:

The Applicant is a(n): Please select Other :

Identify Individual's Name and Address Where Possession of Certificate is Retained:

Name : Phone Number:

Address: City/Town: State Zip

Compliance Company (if applicable):

Compliance Contact Email:

3. Shipment Origin:

State below the location **from** which alcoholic beverages are to be shipped to Massachusetts licensed Wholesalers and Importers. Each shipping location requires an application.

Shipping Address:

Shipping City/Town: Shipping State: Zip:

Country: Phone Number:

4. Required License(s):

List the license(s) you hold which authorize the exportation or sale of alcoholic beverages from the location identified in Question 3 above to licensees in this Commonwealth and the Licensing Authority, which issued said license (must correspond with above if licensing is mandatory by said State or Foreign Country).

License Name	State Licensing Authority

5. F.D.A. Compliance:

Have you registered with the Food and Drug Administration? Yes ☐ No ☐ Registration Date

Application for a Certificate of Compliance
(M.G.L. Chapter 138, §18B)

6. Cross-Ownership:

Do you or any member of your immediate family or does the Corporation or Partnership that you or any member of your immediate family belong to, own directly or indirectly 10% or more of any financial and/or beneficial interest of any Massachusetts License?

Yes ☐ No ☐

(**Note**: Chapter 138, §18B defines immediate family as "the certificate holder and his/her spouse and their parents, children, brothers and sisters").

If YES, list below the name of the individual, title and name of the Massachusetts licensee

NAME OF INDIVIDUAL	TITLE	NAME OF MASSACHUSETTS LICENSEE

If additional space is needed, please use last page

7. Brokers Information:

List any person or entity representing you as an agent, broker or solicitor in Massachusetts:

NAME	ADDRESS	TELEPHONE

If additional space is needed, please use last page

8. Wholesaler(s) Information:

List Massachusetts Wholesaler(s) who are distributing your products and the products each distributes:

WHOLESALER	PRODUCTS

If additional space is needed, please use 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 _____

Additional Space

Please note which question you are using this space for.

SCHEDULE OF PRICES TO WHOLESALERS

Effective for:

DATE:

MASSACHUSETTS LICENSE OR CERTIFICATE NUMBER: C

LICENSEE NAME:

SHIPPING ADDRESS:

CITY: STATE: ZIPCODE:

COUNTRY:

CONTACT EMAIL:

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**		

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.

Signature: