Print Form

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

APPLICATION FOR A PUB-BREWERY LICENSE

MONETARY TRANSMITTAL FORM

[APPLICATION MUST BE TYPED]

ECRT CODE: **PUBB**

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
PUB-BREWERY	$1,000.00

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 Pub Brewery License (CH.138, §19D)

YEAR 20

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

1. LICENSE CATEGORY:

☐ All Alcoholic Beverages ☐ Wine and Malt Beverages ☐ Wines for Sacramental Purposes Only

2. Business/Licensee/Applicant Information:

Entity Name: FEIN:

DBA Name (if different): Primary Phone:

Email: ABCC License Number:

Website: Mobile Phone:

Manager of Record:

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

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:

Primary Phone:

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

Application for a Pub Brewery License (CH.138, §19D)

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 Trustees 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:

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 a Pub Brewery License (CH.138, §19D)

7. FEDERAL COMPLIANCE:

a. Please provide the permit number issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB).

TTB Number

IMPORTANT ATTACHMENTS: A copy of the TTB Permit must accompany this application in order for it to be processed.

b. Please provide the registration number issued by the Food and Drug Administration (FDA).

FDA Registration Number

IMPORTANT ATTACHMENTS: A copy of the FDA Registration must accompany this application in order for it to be processed.

8. STORAGE AND WAREHOUSE LICENSE INFORMATION:

Do you have a Massachusetts Storage Permit? Yes ☐ No ☐

ABCC Storage Permit Number:

Do you store at a Massachusetts Warehouse? Yes ☐ No ☐

ABCC Warehouse License Number:

9. SUPPLIERS OF LICENSE:

Identify suppliers that your company is presently doing business with (Ex. Certificate of Compliance holders, Manufacturers, Farmer Manufacturers):

Supplier Name	ABCC License Number	FDA Registration Number

10. DISTRIBUTORS OF LICENSEE:

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

Wholesaler Name	ABCC License Number	FDA Registration Number	Products

Application for a Pub Brewery License (CH.138, §19D)

11. DESCRIPTION OF PREMISES:

IMPORTANT ATTACHMENTS: 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:

12. 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.

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: 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).

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

Application for a Pub Brewery License (CH.138, §19D)

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. SURETY BOND:

Submit the required surety bond in the penal sum of:

☐ $ 3,000

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
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 US 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 10 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 ☐

*If No, .Date of Naturalization:

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. GOLBDBERG
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.**

Additional Space

Please note which question you are using this space for.

PUB BREWER (§19D) Checklist

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

- ☐ Monetary Transmittal Form
- ☐ Required Fee made payable to the Commonwealth of Massachusetts or the ABCC
- ☐ Complete, typed Application with:
  - ☐ Vote of Corporate Board or LLC
  - ☐ Articles of Organization for Corporation or LLC
  - ☐ Manager's Form (for proposed liquor license manager)
  - ☐ Proof of citizenship for the liquor license manager
  - ☐ Personal Information Form for all individuals with beneficial interests in the license and the proposed license manager
  - ☐ CORI Release Form (for proposed liquor license manager)
  - ☐ 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 Excise Tax Surety Bond for $3,000 naming the Commonwealth of Massachusetts as the obliged party