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

Print Form

CALENDAR YEAR
2016

RENEWAL APPLICATION FOR A PUB-BREWERY LICENSE
MONETARY TRANSMITTAL FORM
[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **PUBB**

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: $1000.00
(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):

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 RENEWAL OF A PUB-BREWERY LICENSE

CALENDAR YEAR
2016

1. LICENSE CATEGORY: Pub Brewery License

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)

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. 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 renewal 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 renewal in order for it to be processed.

7. 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:

8. 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

9. 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

10. SURETY BOND:

Submit the required surety bond in the penal sum of:

☐ $ 3,000

11. IN ORDER TO RENEW THIS LICENSE, I HEREBY AFFIRM THAT:

a. this license, if renewed, will cover ONLY the same premises licensed to the applicant in the prior calendar year.

b. this applicant still holds possession of the licensed premises as most recently disclosed and licensed to the applicant in the prior calendar year, and that the landlord and all terms and conditions of possession remain the same.

c. no entities or persons with a direct or indirect beneficial or financial interest have changed from those last approved in the prior calendar

d. no entities or persons with a direct or indirect beneficial or financial interest in other licenses have changed from those last approved in the prior calendar year.

e. there has been no disciplinary action.

f. no person who has a direct or indirect beneficial interest in this license has been convicted of a municipal, state, federal or military crime since the date of the last application that was approved.

g. neither I, nor the applicant has received any financial aid from any individual or entity, foreign or domestic, holding any type of alcoholic beverage license, permit or certificate.

Pursuant to M.G.L. c. 62C, § 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:** _____

Additional Space

Please note which question you are using this space for.