

Agent, Broker or Solicitor Renewal Procedures
(M.G.L. Ch. 138 S. 18A)

Enclosed is an Agent, Broker or Solicitor application to renew your license for the 2008 calendar year. If applicable, also enclosed are applications for renewal of your salesman and transportation permits.

All applications must be signed by an officer of the Corporation and submitted with the required fee by November 30th of the calendar year.

OUR WEBSITE ADDRESS: www.mass.gov/abcc

Payment and Mailing Procedures

All applicants must complete the enclosed monetary transmittal form, attach payment and application (s) to the form and mail to:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

Salesman/Transportation applications

At the top right of each salesman's application are the letters **SP-**. Please put the Salesman's permit number as given on their 2007 permit here.

The Salesman must complete and sign the front of the application. The back of the application, under certificate of employment, is to be completed and signed by an officer of the corporation.

Proof of Massachusetts residency is not required when renewing a salesman's permit, as it should already be on file with this Commission. It is only required for new salesmen.

Transportation Applications (please print or type the vehicle identification numbers clearly)

At the top right of each transportation application are the letters **TD-**. Please put the transportation permit number as given on their 2007 transportation permit here.

If a vehicle is leased or rented, a copy of the leasing/rental agreement must accompany the application unless a copy is already on file with this Commission.

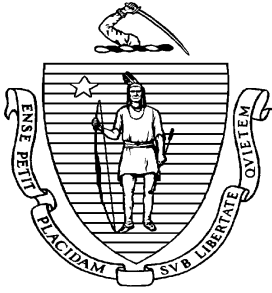
LICENSE FEES: payable to the Commonwealth of Massachusetts

AGENT, BROKER OR SOLICITOR LICENSE: \$5,000.00 - \$500.00 for each
additional principal not to exceed \$6,500.00

SALESMAN PERMIT FEE: \$200.00

TRANSPORTATION PERMIT FEE: \$150.00

NOTE: A separate agent's, broker's or solicitor's application must be completed and submitted for approval for each principal you wish to represent in Massachusetts, with the appropriate fee. If you represent more than one principal, please attach to your application a listing of the principals you represent this list should accompany each application filed.



The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

Renewal Application for a License to act as Agent, Broker or Solicitor under provisions of Section 18A, of Chapter 138 of the General Laws, as amended.

2010

Dated at

The undersigned hereby applies for a license to act as Agent, Broker or Solicitor for

.....
(Name of principal for whom applicant is to act)

.....
(Address of principal's place of business)

.....
(Type of license held by principal. State full and correct name of licensing authority.)

It is understood by the applicant that the license being applied for authorizes the solicitation of orders for alcoholic beverages from holders of Wholesalers' and Importers' licenses only for such alcoholic beverages as such holders under their respective licenses are authorized to sell.

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY

.....
(Print name of applicant)

.....
(Signature of applicant or authorized agent)

.....
(Address)

.....
(Telephone Number)

If the application is made by an individual or a partnership, satisfactory proof of citizenship and of residence in this Commonwealth shall be furnished for each individual.

If the application is made on behalf of a corporation, satisfactory evidence that a citizen of the United States with full power and authority over all business relative to alcoholic beverages has been appointed to act as manager or principal representative for this purpose shall be furnished.

If the application is made on behalf of a foreign corporation, satisfactory evidence that it has been admitted to do business in Massachusetts shall also be furnished.

License Fee: \$5,000.00

Enclosed find:
Check:
Money Order:

CERTIFICATE OF APPOINTMENT TO ACT AS AGENT, BROKER OR SOLICITOR
(Not to be filled out if the application on the reverse side is made on behalf of a foreign corporation to act as Agent, Broker or Solicitor on its own account.)

The undersigned, being the holder of

.....
(State type of license held)

License No. issued by

.....
(State full and correct title of licensing authority)

for the sale of

.....
(State kind of alcoholic beverages)

hereby certifies that

.....
(Name of individual, individuals or corporation appointed)

has been appointed to act as Agent. Broker or Solicitor for the purpose of soliciting orders for alcoholic beverages from the holders of Wholesalers' and Importers' licenses in the Commonwealth of Massachusetts for our account.

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY

.....
(Typewrite or print – Do not write – full and correct name)

.....
(Signature)

.....
(Mail Address)

.....
Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number
Or Corporate Name

Signature of Individual

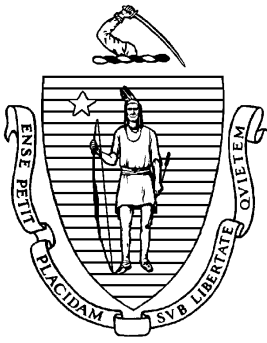
Date

Federal Identification Number
(if applicable)

by:

Corporate Officer

Date



The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

Agent, Broker or Solicitor Applicants

I hereby advise that

(Print or type name of Principal, (Certificate of Compliance Holder)

whom I represent in Massachusetts under an Agent, Broker or Solicitor's License, No. _____ is offering for sale in Massachusetts the following brands and kinds of alcoholic beverages, and the name of the Massachusetts Wholesaler/Importer distributing each item. (Please inform the Commission immediately of any additions.)

BRANDS/KINDS

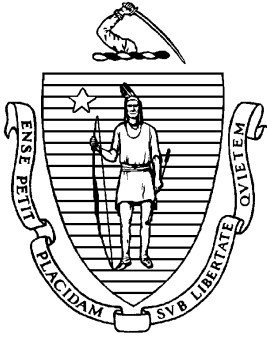
WHOLESALER/IMPORTER

List all Principals (Certificate of Compliance Holders) you presently represent in Massachusetts.

THE ABOVE STATEMENTS ARE MADE UNDER PENALTY OF PERJURY.

SIGNATURE AND TITLE

DATE



The Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

FORM A

THIS FORM MUST BE COMPLETED FOR EACH:

- ___ A. NEW LICENSE APPLICANT
___ B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION
___ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME _____
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER _____
3. SOCIAL SECURITY NUMBER _____
4. HOME (STREET) ADDRESS _____
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # _____ HOME # _____
6. PLACE OF BIRTH: _____ 7. DATE OF BIRTH: _____
8. REGISTERED VOTER: _____ YES _____ NO 8A. WHERE?: _____
9. ARE YOU A U. S. CITIZEN: _____ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)
11. FATHER'S NAME: _____ 12. MOTHER'S MAIDEN NAME: _____
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): any other arrest or appearance in criminal court charged with a criminal offense regardless of final disposition:
_____ YES _____ NO (must check either yes or no)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: _____ YES _____ NO
IF YES, PLEASE DESCRIBE:

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR
LICENSE, PERMIT OR CERTIFICATE: _____ YES _____ NO

If YES, please describe: _____

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if
known, Telephone Numbers):

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: _____

18. I hereby swear that under the pains and penalties of perjury that the information I have given in
this application is true to the best of my knowledge and belief.

BY: _____

PROPOSED MANAGER SIGNATURE

MONETARY TRANSMITTAL FORM 1

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:
 BANK OF AMERICA - ALCOHOLIC BEVERAGES CONTROL COMMISSION
 POST OFFICE BOX 3396
 BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
DATE:		

<u>LICENSE NAME</u>	<u>REV. CODE</u>	<u># OF PERMITS REQUESTED</u>	<u>FEE AMOUNT</u>	<u>TOTAL</u>
AIRLINE MASTER FOR SALE TO PASSENGERS	3094	_____	\$ 500.00	\$ _____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$ _____
BROKERS	3007	_____	\$ 5000.00	\$ _____
BROKERS (ADDITIONAL)	3007	_____	\$ 500.00	\$ _____
BONDED WAREHOUSE SALESMAN	3095	_____	\$ 1000.00	\$ _____
TRANSP. FOR SALESMAN	3011	_____	\$ 200.00	\$ _____
RAILROAD MASTER FOR SALE TO PASSENGERS	3097	_____	\$ 150.00	\$ _____
RAILROAD (EACH RR CAR)	3009	_____	\$ 500.00	\$ _____
STEAMSHIP	3009	_____	\$ 50.00	\$ _____
SHIP CHANDLER	3010	_____	\$ 500.00	\$ _____
TRANSPORTATION & DELIVERY	3099	_____	\$ 1000.00	\$ _____
WAREHOUSEMAN	3097	_____	\$ 150.00	\$ _____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION RR, SHIP, OR AIRLINE	3095	_____	\$ 500.00	\$ _____
	3097	_____	\$ 1500.00	\$ _____

CHECK TOTAL \$ _____