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

ON-PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: ☐ LICENSE FOR: **2015**

ABCC LICENSE NUMBER: ☐ CITY/TOWN: ☐

LICENSEE NAME: ☐

LICENSEE DOING BUSINESS: ☐

ADDRESS: ☐

CITY/TOWN: ☐ STATE ☐ ZIP CODE ☐

MANAGER: ☐ TYPE OF LICENSE: ☐ CATEGORY: ☐

CONTACT EMAIL: ☐

DESCRIPTION OF PREMISES:

☐

I hereby certify and swear under penalties of perjury that:
1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY _____ DATE: ☐
Individual, Partner or Authorized Corporate Officer

CONTACT NUMBER : ☐ EMPLOYER IDENTIFICATION NUMBER: ☐

(Note: NOT Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐
DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY By:

_____
_____
_____
_____
_____

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. c. 138 $16A)