

Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358
Telephone: (617) 727-3040 Fax: (617) 727-1510

Jean M. Lorizio, Esq.
Chairman

OFFER IN COMPROMISE IN LIEU OF SUSPENSION

Licensee Information:

License Number:

Licensee Name:

DBA(if any):

Address of Licensed Premises:

City/Town: State: Zip:

Business Phone: Cell Phone:

Type of License: Email:

(Restaurant, Package Store, Club, Hotel, Tavern, General on Premises, Veterans Club)

Offer in Compromise Information:

1. The above referenced licensee is submitting this Offer to the Alcoholic Beverages Control Commission in reference to a recent decision, resulting a suspension:
 - a. Violation Date:
 - b. Number of Days Suspended:
 - c. Hearing Date:
2. The licensee certifies that this offer is calculated according to the formula set forth in M.G.L. Chapter 138, §23. The amounts on the following line items (Item 4 and Item 5) may be from either the twelve (12) months immediately preceding the date of this violation (Item 1a above) or, for licensees that have been in business for more than one (1) year, from the licensee's most recent full fiscal (income tax) year.
3. State the Period Covered by the amounts on Item 5 and 6:
4. Total annual **receipts** from the sale of ONLY alcoholic beverages: \$
5. Total annual **invoiced costs** of ONLY alcoholic beverages sold: \$
6. Gross annual alcoholic beverage profit: \$
[Item 4 (receipts) minus Item 5 (invoiced costs)]

7. Annual Number of Days in Operation (365, 313 or *):

**If the business has not been open a full year, please enter number of days the premises has been open along with an affidavit.*

Seven (7) Day Annual Operation = 365

Six (6) Day Annual Operation = 313

All others (Special Licenses/Seasonal Licenses) Enter actual days of operation during the year preceding the violation date (Line 9b.).

8. Daily Gross Alcoholic Beverage Profit: (Item 6 divided by Item 7) \$

9. Enter 50% of Amount Indicated on Item 8: \$

10. Daily Fine (If Item 9 is less than \$40.00, enter \$40.00): \$

11. Enter the Number of Days the License is Suspended: (From Item 1b.)

12. Offer in Compromise Amount: (Multiply Item 10 by Item 11) \$

Signed Under the Penalties of Perjury,

Signature of Licensee (If Licensee is a Corporation, Manager of Record signs)

Accountant Certification:

MA License Number(Licensed Public Accountant):

Print Name Clearly(Licensed Public Accountant):

Print Address Clearly (Licensed Public Accountant):

I swear under the pains and penalties of perjury that the figures contained in the petition are correct based on the books and records of the above referenced licensee.

Signature of MA Licensed Accountant

Important Information:

- *Offer **MUST** be received by the ABCC within twenty (20) calendar days after Licensee's receipt of Commission's Decision. No offer will be accepted if it is late.
- *Offer **MUST** be examined and certified by a **Massachusetts** Licensed Accountant. If the Accountant is not licensed in MA, it will not be accepted.
- *Offer will be returned if any of the fields/amounts are calculated incorrectly.
- *Offer **MUST** be accompanied by a Bank or Certified check, made payable to the Commonwealth of Massachusetts ABCC, for the full amount on Line 12.

**IF THIS OFFER IS ACCEPTED, THE LICENSEE WAIVES ALL RIGHTS TO APPEAL
AND WAIVES JUDICIAL REVIEW OF THE COMMISSION'S DECISION
PURSUANT TO MGL C. 138, § 23, AND 204 CMR 20.02.**