The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358 www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION FOR AMENDMENT-Change of License Classification

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

ECRT CODE: RETA Please make \$200.00 payment here: ABCC PAYMENT WEBSITE PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE **PAYMENT RECEIPT** ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY) **ENTITY/ LICENSEE NAME ADDRESS** CITY/TOWN **ZIP CODE STATE** For the following transactions (Check all that apply): New License Change of Location Change Corporate Structure (i.e. Corp / LLC) Change of Class (i.e. Annual / Seasonal) Transfer of License Alteration of Licensed Premises Pledge of Collateral (i.e. License/Stock) Change of License Type (i.e. club / restaurant) Change of Manager Change Corporate Name Management/Operating Agreement Change of Category (i.e. All Alcohol/Wine, Malt) Change of Ownership Interest Change of Officers/ Issuance/Transfer of Stock/New Stockholder Change of Hours **Directors/LLC Managers** (LLC Members/LLP Partners, Change of DBA Other Trustees)

THE LOCAL LICENSING AUTHORITY MUST SUBMIT THIS APPLICATION ONCE APPROVED VIA THE ePLACE PORTAL

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APPLICATION FOR AMENDMENT-Change of License Classification

-	 DUA Certificate of Compliance Change of Classification Application Vote of the Entity Abutter's Notification* Advertisement* are required for transaction, please see the loc 	Advertisement*Payment Receipt					
1. BUSINESS ENTITY INFORMA							
Entity Name	Municipality	ABCC License Number					
Please provide a narrative overview of the transaction(s) being applied for. Attach additional pages, if necessary.							
APPLICATION CONTACT The application contact is the person who should be contacted with any questions regarding this application. Name Title Email Phone							
2. LICENSE CLASSIFICATION INFORMATION							
2a. Change of License Category	Last-Approved License Category						
All Alcohol, Wine and Malt, Wine Malt and Cordials	Requested New License Category						
2b. Change of License Class	Last-Approved License Class						
Seasonal or Annual	Requested New License Class						
2c. Change of License Type* E.g. Restaurant to Club	Last-Approved License Type						
Certain License Types CANNOT change once issued	Requested New License Type						

APPLICANT'S STATEMENT

Ι,	the: \square sole proprietor; \square partner; \square corporate principal; \square LLC/LLP manager					
of└──	Name of the Entity/Corporation					
-	y submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic ages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.					
Applica	ereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the ation, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. er submit the following to be true and accurate:					
(1)	I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;					
(2)	I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;					
(3)	I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;					
(4)	I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;					
(5)	I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;					
(6)	I understand that all statements and representations made become conditions of the license;					
(7)	I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;					
(8)	I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and					
(9)	I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.					
(10)	I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.					
	Signature: Date:					
	Title:					

ENTITY VOTE

The Board of Directors or LLC I	Managers of			
	8	Entity Name		
duly voted to apply to the Lice	nsing Authority of		and the	
Commonwealth of Massachus	etts Alcoholic Beve	City/Town erages Control Commission on	Date of Meeting	
For the following transactions (Chec	ck all that apply):			
Change of Class (i.e. Annual / Seasonal)				
Change of License Type (i.e. club / restaurant)				
Change of Category (i.e. All Alcohol/Wine, Malt)				
Other				
"VOTED: To authorize		Name of Person]
to sign the application sub do all things required to ha		cute on the Entity's behalf, any granted."	necessary papers	and
A true copy attest,		For Corporations ONLY A true copy attest,		
Corporate Officer /LLC Manager Sig	nature	Corporation Clerk's Signat	ture	
(Print Name)		(Print Name)		