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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE APPROVED BY THE LOCAL LICENSING AUTHORITY BEFORE IT IS SENT TO THE ABCC.

REVENUE CODE:	RETA		
CHECK PAYABLE TO	ABCC OR COMMONWEALTH OF MA:		NO FEE
IF USED EPAY, CONI	FIRMATION NUMBER:		
A.B.C.C. LICENSE NU	J MBER (if an existing licensee, can be obtained from	OM THE CITY):	
CHARITY NAME:			
ADDRESS:			
CITY/TOWN:	STATE	ZIP CODE	
TRANSACTION TYPE (PI	ease check all relevant transactions):		
Change of Hours			
Change of DBA			

Charity Wine License

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION 95 Fourth Street, Suite 3 Chelsea, MA 02150

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Charity Wine License Application

1. Qualified Charity Applicant Information:

la de la									
Name of Applicant:									
Contact Person									
Address of Applicant:			City/Town:			State		Zip Code	
Phone Number:		Fa	x Number:						
NOTE: 1. Attach Certificate of Good Standing from the Secretary of the Commonwealth 2. Attach a copy of the Certificate of Solicitation from the Public Charities Division of the MA Attorney General's Office (Certificate must be current to the date of the event)									
2. Type of License F	Requested:								
Charity Wine Pouring License Charity Wine Auction License Charity Wine Partnership License									
*Donated Wine Only									
3. Event Informatio	n:								
Date(s) of Event:									
These events are only permitted at one of the locations specified below. Please check the one that applies.									
	Addres	s of Applicant's	Corporate He	adquarters	:]
		s of Applicant's	Usual Place o	f Rusiness [.]					
Address of Applicant's Usual Place of Business:									
Address of Licensee:									
- 			1						
Name of Licensee :				ABCC L	icense #				
						<u>*Atta</u>	ach letter	of consent fro	om Licensee
Describe Area to be Lice	nsed:]
If additional space is needed, please use the last page									

4. Who Donated Wine:

Name	Donated

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate; I hereby acknowledge I have read and understand the attached conditions.

Signature:

Date