



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
95 Fourth Street, Suite 3  
Chelsea, MA 02150  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

## Charity Wine License Application

### 1. Qualified Charity Applicant Information:

Name of Applicant:	<input type="text"/>						
Contact Person	<input type="text"/>						
Address of Applicant:	<input type="text"/>	City/Town:	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>				

**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 Requested:

<input type="checkbox"/> Charity Wine Pouring License	<input type="checkbox"/> Charity Wine Auction License	<input type="checkbox"/> Charity Wine Partnership License
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**\*Donated Wine Only**

### 3. Event Information:

Date(s) of Event:

These events are only permitted at one of the locations specified below. Please check the one that applies.

<input type="checkbox"/> Address of Applicant's Corporate Headquarters:	<input type="text"/>
<input type="checkbox"/> Address of Applicant's Usual Place of Business:	<input type="text"/>
<input type="checkbox"/> Address of Licensee:	<input type="text"/>

Name of Licensee:  ABCC License #

**\*Attach letter of consent from Licensee**

Describe Area to be Licensed:

**\*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