

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):

CHARITY NAME:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

TRANSACTION TYPE (Please 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
239 CCAUSEWAY STREET
BOSTON, MA 02241-3396**

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

Charity Wine License Application

1. Qualified Charity Applicant Information:

Name of Applicant:

Contact Person

Address of Applicant:

City/Town:

State

Zip Code

Phone Number:

Fax 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 Requested:

☐

Charity Wine Pouring License

☐

Charity Wine Auction License

☐

Charity Wine Partnership License

***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.

☐

Address of Applicant's Corporate Headquarters:

☐

Address of Applicant's Usual Place of Business:

☐

Address of Licensee:

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