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

Application for a Consumer Research Special Permit
MONETARY TRANSMITTAL FORM
[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **CONS**

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA:

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE):

LICENSEE NAME:

ADDRESS:

CITY/TOWN: STATE   ZIP CODE

LICENSE TYPE	FEE	# OF PERMITS	COST
CONSUMER RESEARCH SPECIAL PERMIT	$250.00 per day		

LICENSE TYPE	FEE	# OF SESSIONS	COST
CONSUMER RESEARCH SPECIAL PERMIT	$250.00 per session		

NOTE: THERE IS AN AUTOMATIC DAY FEE OF $250.00 + THE NUMBER OF SESSIONS

YOU MUST MAIL THIS TRANSMITTAL FORM ALONG WITH YOUR EPAY RECEIPT AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
95 FOURTH STREET, SUITE 3
CHELSEA, MA 02150

Application for a Consumer Research Special Permit

1. Applicant Information:

Applicant Name: _____

(Name of Massachusetts Company)

Name of Individual Responsible on Site: _____

Address: _____ City/Town: _____ State ____ Zip _____

Telephone: _____ Email Address: _____

Address Where the Permit Shall Be Mailed: _____ City/Town: _____ State ____ Zip _____

2. Research Information

Name of Product _____

Location Where Research is Being Performed: _____

3. Tasting Information:

On-Premise ☐   Off-Premise ☐   Registration Date: _____

Date(s) of Activity: _____   Time(s) of Activity _____

Number of Sessions: _____

Is Food Being Served?   Yes ☐   No ☐

If yes, please describe the type of food: _____

Name of Massachusetts Wholesaler Delivering to Site: _____

Describe How You Will Obtain Participants:

_____

Describe How You Will Verify Identification:

_____

Will You Provide Transportation?   Yes ☐   No ☐

If yes, please describe the transportation: _____

I, HEREBY SWEAR UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE.

Signature _____   Date _____

Title _____