

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

Special Permit Application

Licensee Inventory Liquidation (Going-Out-Of-Business) Application

MONETARY TRANSMITTAL FORM
[APPLICATION MUST BE COMPLETED ONLINE]

REVENUE CODE: **SPEC**

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: \$25.00

(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

<u>LICENSE TYPE</u>	<u>FEE</u>	<u># OF PERMITS</u>	<u>COST</u>
SPECIAL PERMIT	\$25.00	1	\$25.00

**YOU MUST MAIL THIS TRANSMITTAL FORM ALONG WITH
YOUR CHECK AND COMPLETED APPLICATION TO:**

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

Application for a Special Permit
(M.G.L. Chapter 138, Section 22A)

1. I hereby apply for a Special Permit to sell alcoholic beverages in Massachusetts from:

Address where alcoholic beverages located:

to (License Holder Name) Email Address:

(License Holder Address)

License Holder Telephone Number:

2. These beverages were acquired by me (describe fully how applicant obtained beverages to be sold) **ATTACH INVOICES**

3. My age at present is Please Check Male Female

4. My Massachusetts residential address is:

5. Area Code and Telephone Number:

6. The quantity to be sold is as follows: (identify alcoholic beverages by exact brand or trade name, capacity of package, nature of contents, age and proof where stated on the label and the number of bottles contained in each case).

ATTACH COMPLETE INVENTORY

Under pains and penalty of perjury, I certify that these beverages were obtained by me from a source authorized by M.G.L. Chapter 138 Section 23, and further certify that these beverages were acquired by purchase from a business duly licensed to sell alcoholic beverages to retail licensed holders in Massachusetts.

Print Name

Signature

Date

Telephone Number

Additional Space

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