



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
 239 Causeway Street  
 Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

APPLICATION FOR RENEWAL:

LICENSE FOR: **2015**

ABCC LICENSE NUMBER:

CITY/TOWN:

LICENSEE NAME:

LICENSEE DOING BUSINESS:

ADDRESS:

CITY/TOWN:

STATE:

ZIP CODE:

MANAGER:

TYPE OF LICENSE:

CATEGORY:

CONTACT EMAIL:

DESCRIPTION OF PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY \_\_\_\_\_  
 Individual, Partner or Authorized Corporate Officer

DATE:

CONTACT NUMBER :

EMPLOYER IDENTIFICATION NUMBER:

(Note: NOT Individual Social Security Number)

Please Check Below:

APPROVED:

DISAPPROVED:

(If disapproved explain)

LOCAL LICENSING AUTHORITY By:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_