



*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: **2016**

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:

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