



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

Jean M. Lorizio, Esq.
Chairman

Certificate of Compliance Supplemental Information Form

ENTITY NAME OF PROPOSED CERTIFICATE HOLDER:

Please provide a narrative of your business process (e.g. ownership and location of product being shipped, warehouse ownership, destination of shipment, etc.):

If you are not able to provide an FDA Registration or a State License, select which document you cannot provide:

FDA Registration

State License

Please provide a detailed description of the reason you are not able to provide the document(s) above: