

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

**RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION  
MONETARY TRANSMITTAL FORM**

**APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE  
LOCAL LICENSING AUTHORITY.**

REVENUE CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA:

NO FEE

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):

CHARITY NAME:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

**TRANSACTION TYPE (Please check all relevant transactions):**

- ☐ Change of Hours  
☐ Change of DBA  
☐ Charity Wine License

**THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL  
FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND  
SUPPORTING DOCUMENTS TO:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
239 CAUSEWAY STREET  
BOSTON, MA 02241-3396**

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

**Charity Wine License Application**

**1. Qualified Charity Applicant Information:**

Name of Applicant:

Contact Person

Address of Applicant:

City/Town:

State

Zip Code

Phone Number:

Fax Number:

**NOTE:** 1. Attach Certificate of Good Standing from the Secretary of the Commonwealth

2. Attach a copy of the Certificate of Solicitation from the Public Charities Division of the MA Attorney General's Office (Certificate must be current to the date of the event)

**2. Type of License Requested:**

☐

Charity Wine Pouring License

☐

Charity Wine Auction License

☐

Charity Wine Partnership License

**\*Donated Wine Only**

**3. Event Information:**

Date(s) of Event:

These events are only permitted at one of the locations specified below. Please check the one that applies.

☐

Address of Applicant's Corporate Headquarters:

☐

Address of Applicant's Usual Place of Business:

☐

Address of Licensee:

Name of Licensee :

ABCC License #

\*Attach letter of consent from Licensee

Describe Area to be Licensed:

**\*If additional space is needed, please use the last page\***

**4. Who Donated Wine:**

Name	Donated

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate; I hereby acknowledge I have read and understand the attached conditions.

Signature:

Date