## Commonwealth of Massachusetts

Department of the State Treasurer Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

Telephone: (617) 727-3040 Fax: (617) 727-1510

## Deborah B. Goldberg

Treasurer and Receiver General

**Licensee Information:** 

Kim S. Gainsboro, Esq.

Chairman

## OFFER IN COMPROMISE IN LIEU OF SUSPENSION

License Number:					
Licensee Name:					
DBA(if any):					
Address of Licensed Premises	s:				
City/To	wn:		State:	Zip:	
Business Phone:		Cell Phone:			
Type of License:		Email:			
(Restaurant, Package Store, Club, I	Hotel, Tavern, General on Premises, V	/eterans Club)			
a. Violation Date:  b. Number of Days Suspended:	ensee is submitting this Offer to ision, resulting a suspension:	the Alcoholi	c Beverage	es Control Com	nmission in
The amounts on the follo	this offer is calculated accordi wing line items (Item 4 and Iter e date of this violation (Item 1 from the licensee's most recent	m 5) may be f a above) or, f	rom either or licensee	the twelve (1 s that have be	2) months
3. State the Period Covered k	by the amounts on Item 5 and 6	5:			
4. Total annual <b>receipts</b> from	the sale of ONLY alcoholic bev	erages:	\$		
5. Total annual <b>invoiced cost</b>	s of ONLY alcoholic beverages	sold:	\$		
6. Gross annual alcoholic bev [Item 4 (receipts) minus Item 5 (inv			\$		

*If the business has not been open a full year, please enter number of days the premises has been open alon Seven (7) Day Annual Operation = 365  All others (Special Licenses/Seasonal Licenses)Enter actual days of operation during the year preceding the value of the second severage Profit: (Item 6 divided by Item 7)  9. Enter 50% of Amount Indicated on Item 8:  10. Daily Fine (If Item 9 is less than \$40.00, enter \$40.00):  \$ 11. Enter the Number of Days the License is Suspended: (From Item 1b.)  12. Offer in Compromise Amount: (Multiply Item 10 by Item 11)	
All others (Special Licenses/Seasonal Licenses)Enter actual days of operation during the year preceding the value of value of the value of value	violation date(Line 9b.).
8. Daily Gross Alcoholic Beverage Profit: (Item 6 divided by Item 7)  9. Enter 50% of Amount Indicated on Item 8:  10. Daily Fine (If Item 9 is less than \$40.00, enter \$40.00):  11. Enter the Number of Days the License is Suspended: (From Item 1b.)  12. Offer in Compromise Amount: (Multiply Item 10 by Item 11)	violation date(Line 9b.).
9. Enter 50% of Amount Indicated on Item 8: \$	
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10. Daily Fine (If Item 9 is less than \$40.00, enter \$40.00):  \$ 11. Enter the Number of Days the License is Suspended: (From Item 1b.)  12. Offer in Compromise Amount: (Multiply Item 10 by Item 11)  \$ \$	
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(Waterpry Rent 10 by Rent 11)	
igned Under the Penalties of Perjury,	
ighed Onder the renaties of refjuly,	
ignature of Licensee (If Licensee is a Corporation, Manager of Record signs)	
ignature of Licensee (if Licensee is a Corporation, Manager of Record Signs)	
Accountant Certification:	
MA License Number (Licensed Public Accountant):	
vii Cicense i anno i Cicensea i anno i consumanti.	
Print Name Clearly (Licensed Public Accountant):	
Print Address Clearly (Licensed Public Accountant):	
I swear under the pains and penalties of perjury that the figures contained in the petition are corre	ect hased on the hooks a
records of the above referenced licensee.	et buseu on the books u
Signature of MA Licensed Accountant	

Applied Number of Days in Operation (265, 212 or \*\)

## **Important Information:**

- \*Offer **MUST** be received by the ABCC within 20 calendar days after Licensee's receipt of Commission's Notice of Suspension and Decision. **No offer will be accepted if it is late**.
- \*Offer **MUST** be examined and certified by a **Massachusetts** Licensed Accountant. If the Accountant is not licensed in MA, the Offer will not be accepted and returned to you for correction.
- \*Offer will be returned for correction if any fields are incomplete or amounts are calculated incorrectly.
- \*If Offer is accepted, you will be notified to submit your payment for the full amount on Line 12. You **MUST** submit a Bank or Certified check, made payable to the Commonwealth of Massachusetts ABCC, within 7 business days of your receipt of the Offer acceptance. Mail your payment with the supplied transmittal form to: ABCC, P.O. Box 3396, Boston, MA 02241-3396. Failure to submit your payment within required time frame will result in the automatic rejection of your Offer. You will be required to serve the suspension as ordered.