

ABCC Training for New Local Board Staff

Feb 2025

Agenda

- Best Practices
- Website Navigation/Advisories/FAQ's
- Applications, Amendments and LLA Certification Form Review
- Uploading applications to eLicensing
- Renewals
- One Day Special Permits
- Quota
- Complaints/Investigations and Enforcement
- Appeals


Best Practices

“Alcohol Licensing is an open book test.” Use the references and resources available to you.

Use your municipality’s legal counsel. Do not become the applicant's legal counsel.

Establish communication and cooperation with local law enforcement, legal counsel and the ABCC. We are always available to you but in some cases the issue would require local action.

Application Review Page 1


The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

Municipality:

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES: TYPE: CATEGORY: CLASS:

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation? ☐ Yes ☐ No Chapter: Acts of:

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name: FEIN:

DBA: Manager of Record:

Street Address:

Phone: Email:

Alternative Phone: Website:

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage: Number of Entrances: Seating Capacity:

Number of Floors: Number of Exits: Occupancy Number:

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name: Phone:

Title: Email:

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Question 3

- A detailed description of the entire proposed licensed premise for sales, storage and consumption.
- How many rooms, bathroom, bars etc.

Application Review Page 2

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure Date of Incorporation

State of Incorporation Is the Corporation publicly traded? ☐ Yes ☐ No

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises (Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

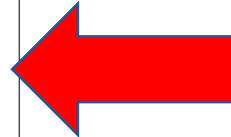
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager	US Citizen
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional pages attached? ☐ Yes ☐ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions. ☐ Yes ☐ No

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Question 6

- Disclosure of Criminal history
- Completion of all fields
- Percentage of ownership must total 100%. Undisclosed ownership may require another public hearing.

Application Review Page 3

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE
Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE
Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION
Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. OCCUPANCY OF PREMISES
Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone Landlord Email

Landlord Address

Lease Beginning Date Rent per Month

Lease Ending Date Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales? ☐ Yes ☐ No

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Question 6A

- Licenses that are currently owned.

Question 6B

- Former ownership.

Question 6C

- Disciplinary action concerning current and former ownership. This is a tool to consider character and fitness.

Application Review Page 4

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other * (Please specify below)	
D. Total Cost	

Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):

SOURCE OF CASH CONTRIBUTION
Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Total:	

SOURCE OF FINANCING
Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 13B.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL INFORMATION
Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

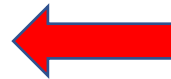
9. PLEDGE INFORMATION
Please provide signed pledge documentation.
Are you seeking approval for a pledge? ☐ Yes ☐ No
Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory
To whom is the pledge being made?

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Question 8 – Financial Disclosure

- Total flow through cost of the transaction.



- Source of Financing
- Proof of where financing is originating from. Proof of funds are required if the total transaction cost exceeds \$50,000.

Application Review Page 5

10. MANAGER APPLICATION

A. MANAGER INFORMATION
The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? ☐ Yes ☐ No *Manager must be a U.S. Citizen
If yes, attach one of the following as proof of citizenship: US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☐ No
If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION
Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name

D. PRIOR DISCIPLINARY ACTION
Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☐ No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

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Question 10 – Manager Application

- How many hours will the manager be on the licensed premise?
- Based off the operations of the proposed business type that a manager will be onsite.
- A manager's hours should be commensurate with type of proposed business operation.

Prior disciplinary action

- This is a tool to consider character and fitness of the proposed manager.

Amending Your Alcoholic Beverages Retail License (ABCC)

If you hold an alcoholic beverages retail license, you may find yourself in a situation where you need to update details about your business, such as a change of ownership or even a new name. The Alcoholic Beverages Control Commission (ABCC) requires you to file notice of these changes. This guide will walk you through the process of submitting what you need to keep your license up to date with the ABC

TABLE OF CONTENTS

- ▼ Obtaining a Certificate of Compliance
- ▼ Making Multiple Amendments to Your Retail License
- ▼ Amending Your License Classification(s)
- ▼ Change of Manager
- ▼ Alteration of Premises or Location Change
- ▼ Pledge of Collateral (License, Stock, or Inventory)
- ▼ Change in Beneficial Interest
- ▼ Change of Business Entity Information
- ▼ Change in Hours
- ▼ Management Agreement Amendment


Amendments to an Existing License

- The various amendments may be found here,
<https://www.mass.gov/guides/amending-your-alcoholic-beverages-retail-license-abcc>
- Please use the LLA Checklist found here,
<https://www.mass.gov/doc/2021-lla-checklist/download>
- Licensees should discuss the transactions with their own legal counsel to ensure the application intends to address the amendment to the license.

LLA Certification Form Required for Approvals

Please ensure that a complete licensed premises description is included on all transactions.

Verify that your board or designee signs the
[LLA Certification](#)

 *The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission*

☐ For Reconsideration

LICENSING AUTHORITY CERTIFICATION

City/Town: ABCC License Number:

TRANSACTION TYPE (Please check all relevant transactions):
The license applicant petitions the Licensing Authorities to approve the following transactions:

<input type="checkbox"/> New License	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)	<input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC)
<input type="checkbox"/> Transfer of License	<input type="checkbox"/> Alteration of Licensed Premises	<input type="checkbox"/> Change of License Type (i.e. club / restaurant)	<input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)
<input type="checkbox"/> Change of Manager	<input type="checkbox"/> Change Corporate Name	<input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt)	<input type="checkbox"/> Management/Operating Agreement
<input type="checkbox"/> Change of Officers/ Directors/LLC Managers	<input type="checkbox"/> Change of Ownership Interest (i.e. LLC Members, LLP Partners, Trustees)	<input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder	<input type="checkbox"/> Change of Hours
<input type="checkbox"/> Outdoor Only Alteration of Premises		<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Change of DBA

APPLICANT INFORMATION

Name of Licensee: DBA:

Street Address: Zip Code:

Manager: Granted under Special Legislation? Yes ☐ No ☐

Type (i.e. restaurant, package store) Class (Annual or Seasonal) Category (i.e. Wines and Malts / All Alcohol) If Yes, Chapter of the Acts of (year)

DESCRIPTION OF PREMISES Complete description of the licensed premises

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with the LLA: Date: Time:

Advertised: Yes ☐ No ☐ Date Published: Publication:

Abutters Notified: Yes ☐ No ☐ Date of Notice:

Date APPROVED by LLA: Decision of the LLA:

Additional remarks or conditions (E.g. Days and hours)

For Transfers ONLY:
Seller License Number: Seller Name:

The Local Licensing Authorities By:


Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

LLA Certification Form Required for Approvals

Please list information provided by the applicant that your Board has approved. This area should reflect new or changing information that will be reviewed by the ABCC.

Please list all information relevant to your Board's approval of the transaction. Refer to the [LLA Checklist](#) and [MGL 138 Section 15A](#) for advertisement/abutters notification requirements for each transaction.



 *The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission*

☐ For Reconsideration

LICENSING AUTHORITY CERTIFICATION

City/Town: ABCC License Number:

TRANSACTION TYPE (Please check all relevant transactions):
The license applicant petitions the Licensing Authorities to approve the following transactions:

<input type="checkbox"/> New License	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)	<input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC)
<input type="checkbox"/> Transfer of License	<input type="checkbox"/> Alteration of Licensed Premises	<input type="checkbox"/> Change of License Type (i.e. club / restaurant)	<input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)
<input type="checkbox"/> Change of Manager	<input type="checkbox"/> Change Corporate Name	<input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt)	<input type="checkbox"/> Management/Operating Agreement
<input type="checkbox"/> Change of Officers/ Directors/LLC Managers	<input type="checkbox"/> Change of Ownership Interest (i.e. LLC Members, LLP Partners, Trustees)	<input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder	<input type="checkbox"/> Change of Hours
<input type="checkbox"/> Outdoor Only Alteration of Premises		<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Change of DBA

APPLICANT INFORMATION

Name of Licensee: DBA:

Street Address: Zip Code:

Manager: Granted under Special Legislation? Yes ☐ No ☐

Type: Class: Category: If Yes, Chapter of the Acts of (year)

(i.e. restaurant, package store) (Annual or Seasonal) (i.e. Wines and Malts / All Alcohol)

DESCRIPTION OF PREMISES Complete description of the licensed premises

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with the LLA: Date: Time:

Advertised: Yes ☐ No ☐ Date Published: Publication:

Abutters Notified: Yes ☐ No ☐ Date of Notice:

Date APPROVED by LLA: Decision of the LLA:

Additional remarks or conditions (E.g. Days and hours):

For Transfers ONLY:
Seller License Number: Seller Name:

The Local Licensing Authorities By:

Alcoholic Beverages Control Commission
Ralph Sacramone
Executive Director

Upload Approvals to eLicensing



- Please scan and upload all applications or amendments approved by your board to our eLicensing system.
- This is an immediate and secure way to get applications to the ABCC for review.
- Your Board will be notified via email of approvals and transactions Returned No Action.

[Here is the link to the login.](#)

Guide to submitting to eLicensing.

<https://www.mass.gov/doc/how-to-submit-a-retail-record-in-eplace/download>

Annual/Seasonal Renewals

All retail liquor licensees must renew their license every year with the Local Licensing Board.

Retail renewal packets are sent by the ABCC to LLA's ahead of the renewal period to allow Boards time to prepare renewal information.

Renewal information should be completed by the licensee, returned to the LLA, voted on by the Licensing Board, and returned to the ABCC.

Renewal Timelines

Action	Annual	Seasonal
Renewal Packets Sent to LLA's	Mid-September	Early February
Renewal Forms Signed	November Only	March Only
Return Paperwork to ABCC	By mid-January	By mid-May

We hereby certify that the premises described in 2024 renewal applications for the above mentioned municipality are now occupied, used, or controlled by the licensee and will be on January 1, 2024. The renewal applications have been approved by the Local Licensing Authorities and forwarded to the ABCO

Retail License Renewal

- This form should be filled out by the licensee only in the month of November/March depending on the license Class.
- The month the licensee should sign is provided on the form. The licensee should not sign before or after the month provided.
- Any corrections to this form can be made in red ink along with a copy of the LLA Certification or ABCC approval showing the needed correction.



Jean M. Lorizio, Esq.
Commission Chairman

Commonwealth Of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358



2024 Retail License Renewal

License Number: 00011-CL-0002 Municipality: ABINGTON
License Name : Columbus Club Of Abington Inc License Class: Annual
DBA : Knights Of Columbus License Type: Club
Premise Address: 254 Hancock Street Abington, MA 02351 License Category: All Alcoholic Beverages
Manager: William Sampson

I hereby certify and swear under penalties of perjury that:

1. I am authorized to sign this renewal pursuant to M.G.L. Chapter 138;
2. The renewed license is of the same class, type, category as listed above;
3. The licensee has complied with all laws of the Commonwealth relating to taxes; and
4. The premises are now open for business (if not, explain below).

Signature

November, _____

Printed Name

Title

Additional Information:

Please complete and return this form to the Local Licensing Authority.

Sending Renewals Back to ABCC

What to Send

- Signed Renewal Certification Form
- Signed Retail License Renewals by licensees
- Backup documentation for needed corrections
- Seasonal Population Increase Estimate Forms

What NOT to Send

- Copies of License Certificates Issued to Licensees
- Proof of Liquor Liability Insurance
- Fire Inspection information
- Paper copies of amendments an applicant submitted with their renewal

One Day Special Permits

MGL 138 Section 14

For a One Day Special Permit you must contact the Local Licensing Authority of the city or town the event is held in.

The Local Licensing Authorities may issue special licenses for the sale of wines and/or malt beverages to any enterprise however, special licenses for the sale of all alcoholic beverages may be issued to non-profit organizations only. The license is to be utilized for a single day.

The Local Licensing Authorities cannot grant special licenses to:

- a. any person for more than a total of 30 days per calendar year,
- b. to any person that has an on premises license application pending before it,
- c. any premises that has an alcoholic beverages license.

Special licensees CANNOT purchase alcoholic beverages from a package store.

A "Special License" to pour liquor at an indoor or outdoor activity or enterprise may be issued to the responsible manager of the indoor or outdoor activity or enterprise. Such a license is issued by the LLA in the city or town in which the activity or enterprise will be conducted.

This type of license may be issued only to a natural person, although this natural person may be a person acting on behalf of a corporation, partnership, or other entity. No person may be granted such licenses permitting sales on an aggregate of more than 30 days in any calendar year.

No special license, with only very limited exceptions (i.e. a special license for a dining hall maintained by an incorporated educational institution authorized to grant degrees) shall permit sales on more than 30 days. A special license for a municipal golf course may permit sales on an aggregate of not more than 245 days in any calendar year, in or from any municipally owned building that is operated in conjunction with an 18-hole regulation golf course.

Quota

Section 17 places a restriction commonly referred to as a “quota” on the number of § 12 pouring licenses and § 15 package store licenses a city or town can issue. The quota is based on the municipality's population enumerated in the most recent federal census.

In calendar year 2020, the most recent federal census was taken. Each city and town was notified by the ABCC what the quota of licenses was as determined by this most recent census. Questions about this quota and any newly available licenses may be directed to either the ABCC or to the LLA in any city or town.

Special Legislation

Municipalities may work with their state legislative delegation, local board and legal counsel to petition for additional licenses.

These licenses are issued outside of the quota.

The criteria for issuance of such licenses is determined by the legislative act.

Establish a line of communication with your municipality's legal counsel and law enforcement.

Investigations/Enforcement

- Here at the Enforcement Division, we offer law enforcement training classes for law enforcement officers. We offer two training seminars for Law Enforcement Officers:
- "Enforcement of the Massachusetts Liquor Control Act"
- "False Identification / Fraudulent Document Detection"
- These classes are free of charge to participating agencies.

If you are interested in this training, please contact Chief Ted Mahony at:

1. By e-mail at fmahony@tre.state.ma.us or
2. By phone at (857) 453-2714.

Appeals

The LLA must issue a written statement of reasons to an applicant or licensee when it takes the following actions:

- Denies a license application;
- Refuses to issue/renew a license; or
- Suspends, revokes, cancels, or forfeits a license;

The applicant or licensee may appeal the action of the LLA to the ABCC but must do so within **5 business days** of receipt of the LLA's written decision. For new license applications, the applicant can also appeal if the LLA does not act within 30 days of the application's receipt, within **5 business days** of the expiration of the 30-day period.