1. Applicant information

<table>
<thead>
<tr>
<th>Name of applicant</th>
<th>Daytime phone number (with area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street address. ☐ Fill in if new address

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Taxpayer classification

Federal Employer or Taxpayer Identification number (required)

☐ Entity filing a combined report. If filing a combined report, enter name and FEIN as shown on return:

<table>
<thead>
<tr>
<th>Name of principal reporting corporation</th>
<th>FEIN of entity (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Entity taxed as C corporation

☐ Entity taxed as S corporation

☐ Entity is Disregarded (other than a sole-proprietorship). If Disregarded entity, enter FEIN of filing entity as shown on return:

<table>
<thead>
<tr>
<th>Name of filing entity</th>
<th>FEIN of entity (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

☐ Nonprofit (tax exempt) organization (see instructions)

☐ Entity taxed as a partnership

☐ Entity taxed as an estate

☐ Entity taxed as a trust

☐ Entity taxed as an individual

☐ Entity taxed as a sole-proprietorship (including LLCs tax as sole proprietorship). If entity is taxed as sole-proprietorship, enter name, SSN and FEIN:

<table>
<thead>
<tr>
<th>Name of sole proprietorship</th>
<th>SSN of sole proprietorship (required)</th>
<th>FEIN (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

3. Legal form of organization

☐ Corporation

☐ Limited Liability Company (LLC)

☐ Partnership (including Limited Liability Partnership, Limited Partnership, or other unincorporated association)

☐ Trust or estate

4. Purpose of application. Fill in one only.

☐ Certificate of Good Standing or Letter of Compliance

☐ Certificate of Good Standing for a Nonprofit Organization (enclose required copy of IRS exemption certificate)

☐ Certificate of Good Standing Relating to an ABCC Liquor License Transfer or Operational/Administrative Changes

5. Reason for application

☐ Cannabis

☐ Corporate reinstatement after administrative dissolution from Secretary of State (domestic/foreign corporation doing business in Massachusetts)

☐ Corporate reinstatement after administrative dissolution from Secretary of State (foreign corporation not doing business in Massachusetts)

☐ Gaming

☐ Liquor licenses

☐ Lottery machines

☐ Professional license renewal

☐ Sale of business

☐ Other (specify)    

General information on page 2.

Rev. 04/18
6. Sale/transfer of license

☐ Fill in if transferring liquor license

Name of buyer

Address of DBA location

City/Town
State
Zip

List all tax identification numbers filed for this entity (e.g., meals, sales, withholding, room occupancy or income)

☐ Fill in if Waiver of Corporate Tax Lien has been acquired (does not apply to entities not taxed as corporation)

If requesting Waiver of Corporate Tax Lien, attach price and legal description of assets to be sold and complete the following (REQUIRED).

Name of transferee
Date of transfer or sale (mm/dd/yyyy)

Street address

City/Town
State
Zip

List assets

7. Person to receive response. Fill in applicable ovals.

☐ Send results to taxpayer

☐ Send results to person named below only if taxpayer is in compliance and Power of Attorney is attached

☐ Send results to person named below, even if taxpayer is not in compliance and Power of Attorney is attached

If information is to be mailed to someone other than taxpayer, provide party’s name and mailing address.

Name
Phone number
Fax number

Address

City/Town
State
Zip

Affidavit

Under the penalties of perjury, I declare that my company is responsible for the following taxes (REQUIRED; fill in all that apply).

☐ Withholding  ☐ Sales/Use  ☐ Meals  ☐ Room occupancy  ☐ Corporate  ☐ Other (specify)

Signature of taxpayer or corporate officer (REQUIRED)
Date

General information

The fastest and easiest way to obtain a Certificate is via our online application:

Businesses: https://mtc.dor.state.ma.us/mtc/_/?Link=COGS
Indians: https://mtc.dor.state.ma.us/mtc/_/?Link=COGSIND

If the applicant is a partnership and has not filed a Form 3, Partnership Return of Income, for the last two years, submit complete copies of Form 3 with this application.

Any missing “required” information will delay the processing of your claim.

If a professional license renewal application, all returns must be filed and paid. If in a valid payment agreement, all required payments must be made.