

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1086000	57	CITY OR TOWN	SCITUATE
APPLICATION FOR RENEW	AL: Seasonal	LICENSED FOR 2015	
	CLASS		YEAR
LICENSEE NAME: SAND F DOING BUSINESS A ADDRESS 160 TURNER ROA		.C	
CITY/TOWN: SCITUATE	STATE: MA	ZIP CODE:	02066
MANAGER: MCADAM, DANIEL	TYPE OF LICENSE:Pa		ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
YOUR EMAIL	ADDRESS IS REQUIRED. PLEASE PRINT (CLEARLY.	
DESCRIPTION OF LICENSE	D PREMISES:		
PREMISES IS A 2600 SQ.FT. CC OF GROCERIES, BEVERAGESM			SELLING A VARIETY
2. the licensee has con	will be of the same type for the nplied with all laws of the Comwopen for business (If not exp	nmonwealth relating to	
SIGNED BY Individu	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Indi	ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENS: By:	ING AUTHORITY
(If disapproved explain)			
DATE:			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)