



The Commonwealth of Massachusetts
 Alcoholic Beverages Control Commission
 239 Causeway Street
 Boston, MA 02114
www.mass.gov/abcc

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

APPLICATION SHOULD BE COMPLETED ON-LINE THEN PRINTED
 AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY

REVENUE CODE: **0631**

CHECK AMOUNT (\$200 cost per application): \$

IF USED EPAY CONFIRMATION NUMBER:

LICENSEE NAME:

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

ADDRESS:

CITY/TOWN: STATE: ZIP CODE:

TRANSACTION TYPE (Please check all relevant transactions)

- | | | |
|--|---|---|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director | <input type="checkbox"/> Pledge of License |
| <input type="checkbox"/> Wine & Malt to All Alcohol | <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Change of Location |
| <input type="checkbox"/> Pledge of Stock | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Manager |
| <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Transfer of Stock | <input type="checkbox"/> Seasonal to Annual |
| <input type="checkbox"/> Cordials/Liqueurs Permit | <input type="checkbox"/> Issuance of Stock | <input type="checkbox"/> New Stockholder |
| <input type="checkbox"/> Change of License Type | <input type="checkbox"/> 6-Day to 7-Day License | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Other <input type="text"/> | | |

THIS SECTION IS FOR LOCAL LICENSING AUTHORITY USE ONLY
**YOU MUST MAIL THIS TRANSMITTAL FORM ALONG WITH
 YOUR CHECK AND COMPLETED APPLICATION TO:**

**BANK OF AMERICA
 P. O. BOX 3396
 BOSTON, MA 02241-3396**



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Transfer/Issuance of Stock Checklist

This application will be returned if the following documentation is not submitted:

- Retail Transmittal Form
- \$200.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC
- Retail Application
 - Signed lease or documents proving a legal right to occupy premises
 - All records, loan agreements, documents, as well as affidavits detailing the source(s) of money for this license transaction
 - 3 months worth of bank statements confirming the sources of funds
- Petition for Transfer of Ownership
- Vote of Corporate Board or LLC
- Newspaper Notice
- Purchase & Sale



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Application for Retail Alcoholic Beverage License

City/Town:

1. Transaction:

- New License New Officer/Director Transfer of License
 Transfer/Issuance of Stock New Stockholder Management/Operating Agreement

The following transactions must be processed as new licenses:

- Wine/Malt to All Alcohol 6-Day to 7-Day License Seasonal to Annual

IMPORTANT ATTACHMENTS: The applicant must attach a vote of the entity authorizing all requested transactions, including the appointment of a Manager of Record or principal representative.

2. Type of License:

- §12 Restaurant §12 Hotel §12 Club §12 Veterans Club
 §12 General On-Premise §12 Tavern (No Sundays) §15 Package Store

3. License Category:

- All Alcoholic Beverages Wine & Malt Beverages Only Wine or Malt Only
 Wine & Malt Beverages with Cordials/Liqueurs Permit

4. License Class:

- Annual Seasonal

5. Contact Person concerning this application (attorney if applicable):

Name:

Address:

Contact Phone Number: Facsimile Number:

Email:

6. Licensee Information:

Legal Name/Entity of Applicant: (e.g. Corporation, LLC, Individual.)

Business Name (d/b/a, if different):

Manager of Record:

ABCC License Number (for existing licenses only):

Address of Licensed Premises:

Business Phone:

Cell Phone:

Email Address:

Website:

7. Description of Premises:

Please provide a complete description of the premises to be licensed. The description should include the location of all entrances and exits.

IMPORTANT ATTACHMENTS: The applicant must attach a floor plan with dimensions and square footage for each floor & room.

Occupancy Number:

Seating Capacity:

8. Occupancy of Premises:

By what right does the applicant have possession and/or legal occupancy of the premises?

Own

Final Lease

Final Sub-Lease

Final Assignment of Lease

Tenant-at-Will

IMPORTANT ATTACHMENTS: The applicant must submit a copy of the final lease or documents evidencing a legal right to occupy the premises.

Landlord is a(n):

Individual

Trust

Corporation

LLC

Other:

Name:

Phone:

Address:

Initial Lease Term:

Beginning date:

Ending Date:

Renewal Term:

Options/Extensions at

Years Each

Rent: \$

per year

\$

per month

Do the terms of the lease or other arrangement require payments to the Landlord based on a percentage of the alcohol sales? Yes No

IMPORTANT ATTACHMENTS: If yes, the Landlord is deemed a person or entity with a financial or beneficial interest in this license. Each individual with an ownership interest in the Landlord must be disclosed in §10 and must submit a completed **Personal Information Form** attached to this application. Entity formation documents for the Landlord entity must accompany the application to confirm the individuals disclosed.

9. Licensee Structure:

The Applicant is a(n):

Corporation LLC LLP Partnership Association
Individual/Sole Proprietor Non-profit corporation Other:

If the applicant is a Corporation or LLC, complete the following:

State of Incorporation/Organization: Date of Incorporation/Organization:

Is the Corporation publicly traded? Yes No

10. Interest in This License: List all individuals involved in the entity (e.g. corporate stockholders, directors, officers and LLC members and managers) and any person or entity with a direct or indirect, beneficial or financial interest in this license (e.g. landlord with a percentage rent based on alcohol sales).

IMPORTANT ATTACHMENTS: All individuals or entities listed below are required to complete a [Personal Information Form](#).

Name	Title	Beneficial Interest	Stock or %Owned

If additional space is needed, please click here

11. Existing Interests in Other Licenses: Does any individual listed in §10 have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes No

If yes, list said interest below:

Name	License Type	License Name & Address	Type of interest

If additional space is needed, please click here

12. Previously Held Interests in Other Licenses: Has any individual listed in §10 who has a direct or indirect beneficial interest in this license 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 said interest below:

Name	License Type	Licensee Name Address	Date	Reason terminated

If additional space is needed, please click here

13. Disclosure of License Disciplinary Action: Have any of the disclosed licenses to sell alcoholic beverages listed in §11 and/or §12 ever been suspended, revoked or cancelled? Yes No

If yes, list said interest below:

Date	License	Reason why the license was suspended, revoked or canceled

14. Criminal Record: Has any individual listed in §10 or who has a direct or indirect beneficial interest in this license ever been convicted of a municipal, state, federal or military crime? Yes No

If yes, the individual must provide an affidavit as to any and all charges as well as the disposition.

15. Citizenship and Residency Requirements for a (§15) Package Store License ONLY:

- 1. Are all Directors/LLC Managers U.S. Citizens? Yes No
- 2. Are a majority of Directors/LLC Managers Massachusetts Residents? Yes No
- 3. Is the License Manager or Principal Representative a U.S. Citizen? Yes No
- 4. Are all members and partners involved at least twenty-one years old? Yes No

16. Citizenship and Residency Requirements for (§12) Restaurant, Hotel, Club, General On Premise, Tavern, Veterans Club License ONLY:

- 1. Are at least 50% of the Directors/ LLC Managers U.S. Citizens? Yes No
- 2. Is the License Manager or Principal Representative a U.S. Citizen? Yes No
- 3. Are all members and partners involved at least twenty-one years old? Yes No

17. Costs Associated with License Acquisition:

A. Purchase Price for Real Property: \$

B. Purchase Price for Business Assets: \$
(including licenses, permits, furniture, fixtures, equipment and good will)

C. Cost of Renovations or Construction: \$

D. Initial Start-Up Costs: \$

E. Purchase Price for Inventory: \$

F. Other: (Specify): \$

G. TOTAL COST \$

H. TOTAL CASH \$

I. TOTAL AMOUNT FINANCED \$

The amounts listed in subsections 17(H) and 17(I) must total the amount reflected in 17(G).

IMPORTANT ATTACHMENTS: Submit any and all records, documents and affidavits including loan agreements that explain the source(s) of money for this transaction.

18. Provide a detailed explanation of the form and sources of funding for the costs identified in §17
(include loans, mortgages, lines of credit, notes, personal funds, gifts):

If additional space is needed, please click here

19. List each lender and loan amount(s) from which "total amount financed" noted in subsections 17(I) will derive:

Name	Dollar Amount	Type of Financing

If additional space is needed, please click here

Does any individual or entity listed in §19 as a source of financing have a direct or indirect, beneficial or financial interest in this license or any other license(s) granted under Chapter 138? Yes No

If yes, please describe:

If additional space is needed, please click here

20. Pledge Agreements: (i.e. collateral for a loan)

Is the applicant seeking approval to pledge the license? Yes No

If yes, describe terms and conditions and to whom:

If a corporation, is the applicant seeking approval to pledge any of the corporate stock? Yes No

If yes, to whom Number of shares:

Is the applicant pledging the inventory? Yes No

If yes, to whom:

IMPORTANT ATTACHMENTS: If you are applying for a pledge, submit the pledge agreement, the promissory note and a vote of the Corporation/LLC authorizing the pledge.

21. Construction of Premise:

Are the premises being remodeled, redecorated or constructed in any way? Yes No

If YES, please provide a description of the work being performed on the premises:

If all the information is not completed the application may be returned

APPLICANT'S STATEMENT

I, the: sole proprietor; partner; corporate principal; LLC/LLP member of , hereby submit this application for (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statement and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises does not violate any requirement of the ABCC or other state law or local ordinances;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the Application information as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of, the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.

Signature:

Date:

Title:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Manager Application

All proposed managers are required to complete a **Personal Information Form**, and attach a copy of the corporate vote authorizing this action and appointing a manager.

Legal Name of Licensee:	<input type="text"/>	Business Name (d/b/a):	<input type="text"/>
Address of Premises:	<input type="text"/>		
ABCC License Number: (If existing licensee)	<input type="text"/>	Phone Number of Premises:	<input type="text"/>

Manager Information:

Name: Cell Phone Number:

Are you a U.S. Citizen: Yes No Court and Date of Naturalization:
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

List the number of hours per week you will spend on the licensed premises:

Have you ever been charged or convicted of a state, federal or military crime? Yes No
If yes, attach an affidavit as to all charges and disposition.

Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes No If yes, please describe:

If additional space is needed, please click here

Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes No If yes, please describe:

If additional space is needed, please click here

Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

If additional space is needed, please click here

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

Signature: Date:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Personal Information Form

Each individual listed in §10 of this application must complete this form.

1. Licensee Information:

Legal Name of Licensee:	<input type="text"/>	ABCC License #:	<input type="text"/>
Business Name (d/b/a):	<input type="text"/>	(If existing licensee)	
Address of Premises:	<input type="text"/>		
Phone Number of Premises:	<input type="text"/>	EIN of Licensee:	<input type="text"/>

2. Personal Information:

Individual Name:	<input type="text"/>		
Home Address:	<input type="text"/>		
Home Number:	<input type="text"/>	<input type="text"/>	Email Address: <input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Place of Employment:	<input type="text"/>		

Have you ever been convicted of a state, federal or military crime? Yes No

If yes, attach an affidavit as to all charges and disposition.

3. Financial Interest:

Provide a detailed description of your direct or indirect, beneficial or financial interest in this license.

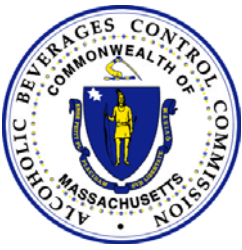
IMPORTANT ATTACHMENTS: For all cash contributions in excess of \$50,000, attach last 3 months worth of bank statements for the source(s) of this cash.

If additional space is needed, please click here

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

Signature: Date:

Title:
(If Corporation/LLC Representative)



**The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc**

PETITION FOR TRANSFER OF OWNERSHIP

ABCC LICENSE #

CITY/TOWN OF

The licensee and the proposed transferee respectfully petition the Licensing Authorities to approve the following transfer of ownership.

Is the PRESENT licensee a Corporation/LLC duly registered under the laws of the Commonwealth of Massachusetts?
Yes No

If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

FROM: (Place an * before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or %Owned

Is the PROPOSED transferee a Corporation/LLC, duly registered under the laws of the Commonwealth of Massachusetts?
Yes No

If YES, please list the officers, directors and stockholders, their residences, and shares owned by each.

TO: (Place an * before the name of each DIRECTOR/LLC Manager.)

Name	Title	Address	Stock or %Owned

The above named proposed transferee hereby joins in this petition for transfer of said license.

SIGNATURE OF LAST-APPROVED LICENSEE:
(If a Corporation/LLC, by its authorized representative)

SIGNATURE OF PROPOSED TRANSFEREE:
(If a Corporation/LLC, by its authorized representative)

DATE SIGNED: