

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

APPLICATION FOR A RETAIL ALCOHOLIC BEVERAGES LICENSE

Congratulations on your decision to begin the application process for a retail alcoholic beverages license, either for on-premises consumption under M.G.L. c. 138, § 12 (a restaurant, tavern, general-on-premises, club, hotel, war veterans' club, or continuing care retirement community), or for off-premises consumption under M.G.L. c. 138, § 15 (a package store). Below you will find a step-by-step explanation of the application process. **Please read this entire page before you apply for a license as it provides critical information on the license approval process.**

The ABCC urges you to reach out to the Local Licensing Authority ("LLA") in the city or town in which you are applying for a license **before applying for a retail license**. While state law requires you to submit certain documents, your LLA may have other documents and/or fees required of you before it will consider your application, and failure to contact them before you apply for a license may delay the consideration of your application.

The granting of a retail license involves a three-step process under M.G.L. c. 138, §§ 15A & 16B:

1. Step One is the granting of an application by the LLA;
2. Step Two is approval by the ABCC;
3. Step Three is the issuance of the retail license by the LLA.

Each step has certain legal requirements:

Step One. In Step One, when you submit your application with the LLA, the LLA is required by law to note the date and hour your application is filed with it. Then, they must publish an advertisement noticing a public hearing on your application, if their regulations require, within 10 days of your application being filed. Then, no sooner than 10 days after advertising the hearing, the hearing will be held. The LLA must act on an application within 30 days of it being filed.

If the LLA grants the license, the application shall be forwarded to the ABCC no later than 3 days following such approval.

Step Two. In Step Two, when the ABCC receives an application that has been approved by the LLA, an investigator will be assigned. The investigator will investigate the proposed licensed premises, if required, as well as the proposed applicant and the source(s) of financing for the transaction. Parties to an application must respond promptly to investigators' inquiries. **Failure to do so will result in a delay of the approval and may result in a denial of the application.**

When the ABCC receives an application for a transfer of license it is immediately forwarded to the Department of Revenue ("DOR") and the Division of Unemployment Assistance ("DUA"). Both agencies will research the issue of any outstanding tax obligations of both the buyer and the seller for all types of taxes, including sales, meals, withholding, corporate excise, room occupancy, personal income taxes, unemployment insurance, and employer fair share contributions. The ABCC will not approve a license transfer until DOR and DUA attest that the parties have no outstanding tax liabilities to the Commonwealth. The parties are responsible for resolving all tax questions.

Step Three. Once the LLA receives the ABCC's approval of an application, it must issue the license within 7 days.

It is important to know that an applicant for an alcoholic beverages license may not operate a licensed premise until all three steps have taken place and the LLA has actually issued the license.

If the application is for a transfer of the license, the license seller (the current licensee) is still legally liable and responsible for the operation of the premises until the third step of the approval process is completed. **An applicant who operates licensed premises before all three steps have taken place may create serious ramifications for both the buyer and the seller.** Operation without a license may be considered evidence of that applicant's unfitness for a license. It may also lead to revocation of an existing license. In certain circumstances, it opens both the buyer and the seller to possible criminal liability.

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The following documentation is required as a part of your retail license application.

ABCC investigators reserve the right to request additional documents as a part of their investigation.

- ☐ [Monetary Transmittal Form](#) with \$200 fee
You can [PAY ONLINE](#) or include a \$200 check made out to the ABCC
- ☐ Retail Application (this packet)
- ☐ Beneficial Interest - Individual Form
For any individual with direct or indirect interest in the proposed licensee
- ☐ Beneficial Interest - Organization Form
For any organization with direct or indirect interest in the proposed licensee
- ☐ CORI Authorization Form
For the manager of record AND any individual with direct or indirect interest in the proposed licensee. This form must be notarized with a stamp*
- ☐ Proof of Citizenship for proposed manager of record
Passport, US Birth Certificate, Naturalization Papers, Voter Registration
- ☐ Vote of the Corporate Board
A corporate vote to apply for a new / transfer of license and a corporate vote to appointing the manager of record, signed by an authorized signatory for the proposed licensed entity
- ☐ Business Structure Documents
If Proposed Licensee is applying as:
 - A Corporation or LLC - **Articles of Organization** from the Secretary of the Commonwealth
 - A Partnership - **Partnership Agreement**
 - Sole Proprietor - **Business Certificate**
- ☐ Purchase and Sale Documentation
Required if this application is for the transfer of an existing retail alcoholic beverages license
- ☐ Supporting Financial Documents
Documentation supporting any loans or financing, including pledge documents, if applicable
- ☐ Floor Plan
Detailed Floor Plan showing square footage, entrances and exits and rooms
- ☐ Lease
Signed by proposed licensee and landlord. If lease is contingent upon receiving this license, a copy of the unsigned lease along with a letter of intent to lease, signed by licensee and landlord
- ☐ Additional Documents Required by the Local Licensing Authority

* Excludes Officers and Directors of Non-Profit Clubs

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Please complete this entire application, leaving no fields blank. If field does not apply to your situation, please write N/A.

1. NAME OF PROPOSED LICENSEE (Business Contact)

*This is the corporation or LLC which will hold the license, **not** the individual submitting this application. If you are applying for this license as a sole proprietor, not an LLC, corporation or other legal entity, you may enter your personal name here.*

2. RETAIL APPLICATION INFORMATION

There are two ways to obtain an alcoholic beverages license in the Commonwealth of Massachusetts, either by obtaining an existing license through a transfer or by applying for a new license.

Are you applying for a new license ☐ New ☐ Transfer
or the transfer of an existing license?

If transferring, please indicate the
current ABCC license number you
are seeking to obtain:

If applying for a new license, are you applying for this license
pursuant to special legislation?

☐ Yes ☐ No

Chapter

Acts of

If transferring, by what method
is the license being transferred?

3. LICENSE INFORMATION / QUOTA CHECK

City/Town

On/Off-Premises

TYPE

CATEGORY

CLASS

4. APPLICATION CONTACT

The application contact is required and is the person who will be contacted with any questions regarding this application.

First Name:

Middle:

Last Name:

Title:

Primary Phone:

Email:

5. OWNERSHIP

Please list all individuals or entities with a direct or indirect, beneficial or financial interest in this license.

An individual or entity has a direct beneficial interest in a license when the individual or entity owns or controls any part of the license. For example, if John Smith owns Smith LLC, a licensee, John Smith has a direct beneficial interest in the license.

An individual or entity has an indirect beneficial interest if the individual or entity has 1) any ownership interest in the license through an intermediary, no matter how removed from direct ownership, 2) any form of control over part of a license no matter how attenuated, or 3) otherwise benefits in any way from the license's operation. For Example, Jane Doe owns Doe Holding Company Inc., which is a shareholder of Doe LLC, the license holder. Jane Doe has an indirect interest in the license.

A. All individuals listed below are required to complete a [Beneficial Interest Contact - Individual](#) form.

B. All entities listed below are required to complete a [Beneficial Interest Contact - Organization](#) form.

C. Any individual with any ownership in this license and/or the proposed manager of record must complete a [CORI Release Form](#).

| Name | Title / Position | % Owned | Other Beneficial Interest |
|------|------------------|---------|---------------------------|
| | | | |
| | | | |

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

5. OWNERSHIP (continued)

| Name | Title / Position | % Owned | Other Beneficial Interest |
|------|------------------|---------|---------------------------|
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6. PREMISES INFORMATION

Please enter the address where the alcoholic beverages are sold.

Premises Address

| | | | | | |
|----------------|----------------------|--------------|----------------------|-----------|----------------------|
| Street Number: | <input type="text"/> | Street Name: | <input type="text"/> | Unit: | <input type="text"/> |
| City/Town: | <input type="text"/> | State: | <input type="text"/> | Zip Code: | <input type="text"/> |
| Country: | <input type="text"/> | | | | |

Description of Premises

Please provide a complete description of the premises, 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.

| Floor Number | Square Footage | Number of Rooms |
|--------------|----------------|-----------------|
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|--|----------------------|
| Patio/Deck/Outdoor Area Total Square Footage | <input type="text"/> |
| Indoor Area Total Square Footage | <input type="text"/> |
| Number of Entrances | <input type="text"/> |
| Number of Exits | <input type="text"/> |
| Proposed Seating Capacity | <input type="text"/> |
| Proposed Occupancy | <input type="text"/> |

Occupancy of Premises

Please complete all fields in this section. Documentation showing proof of legal occupancy of the premises is required.

| | | | |
|--|----------------------|------------------|----------------------|
| Please indicate by what right the applicant has to occupy the premises | <input type="text"/> | Landlord Name | <input type="text"/> |
| Lease Beginning Term | <input type="text"/> | Landlord Phone | <input type="text"/> |
| Lease Ending Term | <input type="text"/> | Landlord Address | <input type="text"/> |
| Rent per Month | <input type="text"/> | | |
| Rent per Year | <input type="text"/> | | |

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.

Please indicate if the terms of the lease include payments based on the sale of alcohol: ☐ Yes ☐ No

APPLICATION FOR A NEW RETAIL ALCOHOLIC BEVERAGES LICENSE

7. BUSINESS CONTACT

The Business Contact is the proposed licensee. If you are applying as a Sole Proprietor (the license will be held by an individual, not a business), you should use your own name as the entity name.

** Please see last page of application for required documents based on Legal Structure **

| | | | |
|--------------------|----------------------|---------------------------|----------------------|
| Entity Name: | <input type="text"/> | FEIN: | <input type="text"/> |
| DBA: | <input type="text"/> | Fax Number: | <input type="text"/> |
| Primary Phone: | <input type="text"/> | Email: | <input type="text"/> |
| Alternative Phone: | <input type="text"/> | Legal Structure of Entity | <input type="text"/> |

Business Address (Corporate Headquarters)

☐ Check here if your Business Address is the same as your Premises Address

| | | | |
|----------------|----------------------|--------------|----------------------|
| Street Number: | <input type="text"/> | Street Name: | <input type="text"/> |
| City/Town: | <input type="text"/> | State: | <input type="text"/> |
| Zip Code: | <input type="text"/> | Country: | <input type="text"/> |

Mailing Address

☐ Check here if your Mailing Address is the same as your Premises Address

| | | | |
|----------------|----------------------|--------------|----------------------|
| Street Number: | <input type="text"/> | Street Name: | <input type="text"/> |
| City/Town: | <input type="text"/> | State: | <input type="text"/> |
| Zip Code: | <input type="text"/> | Country: | <input type="text"/> |

Is the Entity a Massachusetts Corporation?

☐ Yes ☐ No

If no, is the Entity registered to do business in Massachusetts?

☐ Yes ☐ No

If no, state of incorporation

Other Beneficial Interest

Does the proposed licensee have a beneficial interest in any other Massachusetts Alcoholic Beverages Licenses? ☐ Yes ☐ No

If yes, please complete the following table.

| Name of License | Type of License | License Number | Premises Address |
|-----------------|-----------------|----------------|------------------|
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Prior Disciplinary Action:

Has any alcoholic beverages license owned by the proposed licensee ever been disciplined for an alcohol related violation?

| Date of Action | Name of License | State | City | Reason for suspension, revocation or cancellation |
|----------------|-----------------|-------|------|---|
| | | | | |
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8. MANAGER CONTACT

The Manager Contact is required and is the individual who will have day-to-day, operational control over the liquor license.

Salutation First Name Middle Name Last Name Suffix

Social Security Number

Date of Birth

Primary Phone:

Email:

Mobile Phone:

Place of Employment

Alternative Phone:

Fax Number

Citizenship / Residency / Background Information of Proposed Manager

Are you a U.S. Citizen? ☐ Yes ☐ No

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

If yes, attach an affidavit that lists your convictions with an explanation for each

Have you ever been Manager of Record of a license to sell alcoholic beverages? ☐ Yes ☐ No

If yes, please list the licenses for which you are the current or proposed manager:

Do you have direct, indirect, or financial interest in this license? ☐ Yes ☐ No

If yes, percentage of interest

If yes, please indicate type of Interest (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Stockholder | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> LLC Member | <input type="checkbox"/> Director |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Contractual | <input type="checkbox"/> Revenue Sharing |
| <input type="checkbox"/> Management Agreement | <input type="checkbox"/> Other |

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

Employment Information of Proposed Manager

Please provide your employment history for the *past 10 years*

| Date(s) | Position | Employer | Address | Phone |
|---------|----------|----------|---------|-------|
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Prior Disciplinary Action of Proposed Manager

Have you ever been involved directly or indirectly in an alcoholic beverages license that was subject to disciplinary action? If yes, please complete the following:

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

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9. FINANCIAL INFORMATION

Please provide information about associated costs of this license.

Associated Costs

| | |
|---|----------------------|
| A. Purchase Price for Building/Land | <input type="text"/> |
| B. Purchase Price for any Business Assets | <input type="text"/> |
| C. Costs of Renovations/Construction | <input type="text"/> |
| D. Purchase Price of Inventory | <input type="text"/> |
| E. Initial Start-Up Costs | <input type="text"/> |
| F. Other (Please specify) | <input type="text"/> |
| G. Total Cost (Add lines A-F) | <input type="text"/> |

Please note, the total amount of **Cash Investment** (top right table) plus the total amount of **Financing** (bottom right table) must be equal to or greater than the **Total Cost** (line G above).

Please provide information about the sources of cash and/or financing for this transaction

Source of Cash Investment

| Name of Contributor | Amount of Contribution |
|---------------------|------------------------|
| | |
| | |
| | |
| | |
| Total: | <input type="text"/> |

Source of Financing

| Name of Lender | Amount | Does the lender hold an interest in any MA alcoholic beverages licenses? | If yes, please provide ABCC license number of lender |
|----------------|--------|--|--|
| | | | |
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| | | | |
| | | | |
| Total: | | | <input type="text"/> |

10. PLEDGE INFORMATION

Are you seeking approval for a pledge? ☐ Yes ☐ No

Please indicate what you are seeking to pledge (check all that apply)

☐ License ☐ Stock / Beneficial Interest ☐ Inventory

To whom is the pledge is being made:

Does the lender have a beneficial interest in this license?

☐ Yes ☐ No

Does the lease require a pledge of this license?

☐ Yes ☐ No

ADDITIONAL SPACE

The following space is for any additional information you wish to supply or to clarify an answer you supplied in the application.

If referencing the application, please be sure to include the number of the question to which you are referring.

APPLICANT'S STATEMENT

I, the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☐ LLC/LLP member
Authorized Signatory

of , hereby submit this application for
Name of the Entity/Corporation Transaction(s) you are applying 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: