Print Form

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

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION MONETARY TRANSMITTAL FORM

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL LICENSING AUTHORITY.

REVENUE CODE: RETA

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: NO FEE

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY): (ADD 3 NUMBERS) 077800

LICENSEE NAME:

ADDRESS:

CITY/TOWN: STATE ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

- ☐ Change of Hours
- ☐ Change of DBA
- ☐ Charity Wine License

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS TRANSMITTAL FORM ALONG WITH THE CHECK, COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396

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PETITION FOR CHANGE OF LICENSE

ABCC License Number

City/Town

The licensee respectfully petitions the Licensing Authorities to approve the following transactions:

- ☐ Change of Manager
- ☐ Pledge of License/Stock
- ☐ Change of Corporate Name/DBA
- ☐ Change of License Type (§12 ONLY, e.g. "club" to "restaurant")
- ☐ Alteration of Premises
- ☐ Cordial & Liqueurs
- ☐ Change of Location

☐ Change of Manager

Last-Approved Manager:

Requested New Manager:

☐ Pledge of License /Stock

Loan Principal Amount: $ Interest Rate:

Payment Term: Lender:

☐ Change of Corporate Name/DBA

Last-Approved Corporate Name/DBA:

Requested New Corporate Name/DBA:

☐ Change of License Type

Last-Approved License Type:

Requested New License Type:

☐ Alteration of Premises: (must fill out attached financial information form)

Description of Alteration:

☐ Change of Location: (must fill out attached financial information form)

Last-Approved Location:

Requested New Location:

Signature of Licensee

Date Signed

(If a Corporation/LLC, by its authorized representative)