

The Commonwealth of Massachusetts

Alcoholic Beverage Control Commission
239 Causeway Street
Boston, MA 02114

Application for Alcoholic Beverage License for Retail Sale

City/Town: _____

- | | |
|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> New License | <input type="checkbox"/> New Officer/Director |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transfer of Stock | (specify) |

SECTION 1:

Name to Appear on the License: _____

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

Manager of Record: _____ FID of Licensee: _____

Address of Premises: _____ Zip Code: _____

Phone Number of Premises: _____

SECTION 2: Type of License: (check one only)

- | | | |
|---------------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General on Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Tavern | |

SECTION 3: License Category

- | | |
|-------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> All Alcoholic | <input type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt Only | <input type="checkbox"/> Wine Only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

SECTION 4: License Class

- | | |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|---------------------------------|-----------------------------------|

SECTION 5: Person (attorney if applicable) who can be contacted concerning this application

Name: _____

Address: _____

Phone Number: _____

SECTION 6: Give a full description of the premises to be licensed, including location of all entrance and exits: _____

SECTION 6(a):

Seating Capacity: _____ Occupancy Number: _____

SECTION 7:

Applicant is an:

- Association Corporation Individual
 Partnership Non-profit Corporation LLC

SECTION 8 If applicant is an individual or partnership – List for individual or each partner:

FULL NAME	HOME ADDRESS	DOB	SSN

SECTION 8(a): Is individual or all partners United States Citizens? Yes No

If no, specify citizenship: _____

SECTION 8(b): Is individual or all partners involved at least twenty-one years old? Yes No

SECTION 9: If the applicant is a corporation, complete the following:

State of Incorporation: _____ Date of Incorporation: _____

Fiscal Year Ends: _____ Date qualified to do business in MA: _____

SECTION 9(a): How many shares of stock are authorized: _____ How many are issued: _____

Provide in the box the names if all officers, directors, stockholders and manager.

Use * to indicate director.

Title	Full Name	Home Address	DOB	SSN	Shares of Stock Owned or Controlled

SECTION 9(b): Attach a copy of the vote by the Board of Directors appointing a manager or principal representatives.

SECTION 9(c): If the applicant is a corporation, answer the following questions:

For Package Store (§15) license:

- A. Are all Directors United States Citizens? ()Yes ()No
- B. Are a majority of Directors Massachusetts Residents? ()Yes ()No
- C. Is the Manager or Principal Representative a U.S. Citizen? ()Yes ()No

For Club, General On Premise, Hotel, Restaurant, Tavern, Veterans Club and Other (§12) license:

- A. Are at least 50% of the Directors United States Citizens? ()Yes ()No
- B. Is the Manager or Principal Representative a U.S. Citizen? ()Yes ()No

SECTION 10: If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	DOB	SSN	Phone Number

SECTION 10(b): Attach a list of all members of the LLC.

SECTION 11: Will there be any construction, remodeling, redecorating, or building on the premises for this license? () Yes () No (If yes complete a,b,c and d)

- a.) Give an exact description of the construction, remodeling, redecorating or building on the premises: _____

- b.) What are the estimated costs: _____
- c.) What is the construction schedule: _____
- d.) State all sources of construction financing: _____

SECTION 12:

Do you own the premises?() Yes () No. If yes, please respond to the question below.

() As an individual () Jointly _____ Name of Realty Trust
 _____ Name of Corporation

() Other _____

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone Number: _____

Address: _____

SECTION 12(a): If a lease or rental, provide the following information: _____ per _____
(month, year, etc)

Beginning date of Lease _____ End date of Lease _____
(Provide Copy of Lease)

FINANCIAL

SECTION 13:

What assets were purchased and cost?

Equipment: \$ _____ Furniture: \$ _____ Goodwill: \$ _____

Inventory: \$ _____ License: \$ _____ Premise: \$ _____

SECTION 13(a): Total Purchase Price: \$ _____

SECTION 13(b): Identify below all sources of financing:

Mortgage: \$ _____ Seller: \$ _____

Cash: \$ _____ Other: \$ _____
(specify)

Document all sources e.g. Loan Papers, Checking Accounts, Stock Sales, etc.

SECTION 13(c): All other terms and conditions: _____
(provide purchase and sale documents)

SECTION 13(d): Are you seeking approval for license to be pledged: ()Yes ()No

If yes, to whom: _____

SECTION 13(e): Will the inventory be pledged: ()Yes ()No

If yes, to whom: _____

SECTION 13(f): If a corporation, are you seeking approval for any corporate stock to be pledged:

()Yes ()No

If yes, to whom: _____

OWNERSHIP INTERESTS

SECTION 14: State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	DOB	SSN	Phone Number

SECTION 14(a): Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest

SECTION 14(b): Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

() Yes () No

Name	Type of License	License Name and Address	Description of Interest

SECTION 14(c): Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held?

() Yes () No

(If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date Ownership Surrendered

SECTION 14(d): Describe how all licenses in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.)

Date	License	Reason why the License was Terminated

SECTION 14(e): Has any person or entity named in Question 14 ever had a license suspended, revoked or cancelled?

() Yes () No

(If yes, provide the following information)

Date	License	Reason why the License was suspended, revoked or cancelled

SECTION 14(f): Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law?

() Yes () No

- SECTION 15:**
- a. Each individual applicant must sign.
 - b. Applications by a partnership must be signed by a majority of the partners.
 - c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
 - d. Applications by an association must be signed by a majority of the members if the governing body. All signatures must have answered question 10.
 - e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this _____ day of _____, 2004.

By: Signature of Full Name

Title
