

## **NEW LICENSE**

To apply for an alcoholic beverages retail license, you will need the following:

- **New Retail Application**
- **Business Structure Documents**
  - If Sole Proprietor, **Business Certificate**
  - If partnership, **Partnership Agreement**
  - If corporation or LLC, **Articles of Organization** from the Secretary of the Commonwealth
- **CORI Authorization Form** Complete one for each individual with financial or beneficial interest in the entity that is applying AND one for the proposed manager of record. *This form must be notarized with a stamp or raised seal.*
- **Manager Application**

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- **Proof of Citizenship** for the proposed Manager of Record.
- **Vote of the Corporate Board**
- **Supporting Financial Records** for all financing and or loans, including pledge documents, if applicable.
- **Legal Right to Occupy**, a lease or deed.
- **Floor Plan**
- **Abutter's Notification**
- **Advertisement**
- **Monetary Transmittal Form**
- **\$200 Fee** paid online through our online payment link: **[ABCC PAYMENT WEBSITE](#)**
- **Payment Receipt**
- **Additional information**, if necessary, utilizing the formats provided and or any affidavits.
- **Management Agreement**, if applicable

*Please Note: You may be requested to submit additional supporting documentation if necessary.*



The Commonwealth of Massachusetts  
 Alcoholic Beverages Control Commission  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

**APPLICATION FOR A NEW LICENSE**

Municipality

**1. LICENSE CLASSIFICATION INFORMATION**

| ON/OFF-PREMISES      | TYPE                 | CATEGORY             | CLASS                |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation?  Yes  No Chapter  Acts of

**2. BUSINESS ENTITY INFORMATION**

The entity that will be issued the license and have operational control of the premises.

Entity Name  FEIN

RA  Manager of Record

Street Address

Phone  Email

Alternative Phone  Website

**3. DESCRIPTION OF PREMISES**

Please provide a complete description of the premises to be licensed, 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. You must also submit a floor plan.

Total Square Footage:  Number of Entrances:  Seating Capacity:

Number of Floors:  Number of Exits:  Occupancy Number:

**4. APPLICATION CONTACT**

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:  Phone:

Title:  Email:

**APPLICATION FOR A NEW LICENSE**

**5. CORPORATE STRUCTURE**

|                        |                      |  |                      |
|------------------------|----------------------|--|----------------------|
| Entity Legal Structure | <input type="text"/> | Date of Incorporation  | <input type="text"/> |
| State of Incorporation | <input type="text"/> | Is the Corporation publicly traded? <input type="radio"/> Yes <input type="radio"/> No |                      |

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST**

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The Individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:  
**On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers** - At least 50% must be US citizens;  
**Off Premises(Liquor Store) Directors or LLC Managers** - All must be US citizens and a majority must be Massachusetts residents.

- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Name of Principal    | Residential Address  | SSN                  | DOB                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                         |  |  |  |
|-----------------------|-------------------------|--|--|--|
| Title and or Position | Percentage of Ownership | Director/ LLC Manager                              | US Citizen   | MA Resident  |
| <input type="text"/>  | <input type="text"/>    | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Name of Principal    | Residential Address  | SSN                  | DOB                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                         |  |  |  |
|-----------------------|-------------------------|--|--|--|
| Title and or Position | Percentage of Ownership | Director/ LLC Manager                              | US Citizen   | MA Resident  |
| <input type="text"/>  | <input type="text"/>    | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Name of Principal    | Residential Address  | SSN                  | DOB                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                         |  |  |  |
|-----------------------|-------------------------|--|--|--|
| Title and or Position | Percentage of Ownership | Director/ LLC Manager                              | US Citizen   | MA Resident  |
| <input type="text"/>  | <input type="text"/>    | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Name of Principal    | Residential Address  | SSN                  | DOB                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                         |  |  |  |
|-----------------------|-------------------------|--|--|--|
| Title and or Position | Percentage of Ownership | Director/ LLC Manager                              | US Citizen   | MA Resident  |
| <input type="text"/>  | <input type="text"/>    | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Name of Principal    | Residential Address  | SSN                  | DOB                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                         |  |  |  |
|-----------------------|-------------------------|--|--|--|
| Title and or Position | Percentage of Ownership | Director/ LLC Manager                              | US Citizen   | MA Resident  |
| <input type="text"/>  | <input type="text"/>    | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Additional pages attached?  Yes  No

**CRIMINAL HISTORY**

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.  Yes  No

**MANAGEMENT AGREEMENT**

Are you requesting approval to utilize a management company through a management agreement? Please provide a copy of the management agreement.  Yes  No

## APPLICATION FOR A NEW LICENSE

### 6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

| Name | License Type | License Name | Municipality |
|------|--------------|--------------|--------------|
|      |              |              |              |
|      |              |              |              |
|      |              |              |              |

### 6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, 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 in table below. Attach additional pages, if necessary, utilizing the table format below.

| Name | License Type | License Name | Municipality |
|------|--------------|--------------|--------------|
|      |              |              |              |
|      |              |              |              |
|      |              |              |              |

### 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled? Yes  No  If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

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

### 7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- 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.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Landlord Name

Landlord Phone

Landlord Email

Landlord Address

Lease Beginning Date

Rent per Month

Lease Ending Date

Rent per Year

Will the Landlord receive revenue based on percentage of alcohol sales?

Yes  No

**APPLICATION FOR A NEW LICENSE**

**8. FINANCIAL DISCLOSURE**

|                                       |                      |
|---------------------------------------|----------------------|
| A. Purchase Price for Real Estate     | <input type="text"/> |
| B. Purchase Price for Business Assets | <input type="text"/> |
| C. Other * (Please specify below)     | <input type="text"/> |
| D. Total Cost                         | <input type="text"/> |

\*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

**SOURCE OF CASH CONTRIBUTION**

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

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

**SOURCE OF FINANCING**

Please provide signed financing documentation.

| Name of Lender | Amount | Type of Financing | Is the lender a licensee pursuant to M.G.L. Ch. 138. |
|----------------|--------|-------------------|--|
|                |        |                   | <input type="radio"/> Yes <input type="radio"/> No   |
|                |        |                   | <input type="radio"/> Yes <input type="radio"/> No   |
|                |        |                   | <input type="radio"/> Yes <input type="radio"/> No   |
|                |        |                   | <input type="radio"/> Yes <input type="radio"/> No   |

**FINANCIAL INFORMATION**

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

**9. PLEDGE INFORMATION**

Please provide signed pledge documentation.

Are you seeking approval for a pledge?  Yes  No

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

To whom is the pledge being made?

## 10. MANAGER APPLICATION

### A. MANAGER INFORMATION

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name  Date of Birth  SSN

Residential Address

Email  Phone

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

### B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen?  Yes  No \*Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

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

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

| Date | Municipality | Charge | Disposition |
|------|--------------|--------|-------------|
|      |              |        |             |
|      |              |        |             |
|      |              |        |             |

### C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

| Start Date | End Date | Position | Employer | Supervisor Name |
|------------|----------|----------|----------|-----------------|
|            |          |          |          |                 |
|            |          |          |          |                 |
|            |          |          |          |                 |
|            |          |          |          |                 |

### D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action?  Yes  No If yes, please fill out the table. Attach additional pages, if necessary,utilizing the format below.

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

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

Manager's Signature  Date



**APPLICANT'S STATEMENT**

\_\_\_\_\_

Authorized Signatory

the:  sole proprietor;  partner;  corporate principal;  LLC/LLP manager

of \_\_\_\_\_

Name of the Entity/Corporation

hereby submit this application (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 statements 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 are in compliance with state and local laws and regulations;
- (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;
- ( ) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership 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.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Title:

\_\_\_\_\_

**CORPORATE VOTE**

The Board of Directors or LLC Managers of

[Empty box for Entity Name]

Entity Name

duly voted to apply to the Licensing Authority of

[Empty box for City/Town]

City/Town

and the

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

[Empty box for Date of Meeting]

Date of Meeting

For the following transactions (Check all that apply):

- New License
- Change of Location
- Change of Class (i.e. Annual/Seasonal)
- Change Corporate Structure (i.e. Corp./LLC)
- Transfer of License
- Alteration of Licensed Premises
- Change of License Type (i.e. club / restaurant)
- Pledge of Collateral (i.e. License/Stock)
- Change of Manager
- Change Corporate Name
- Change of Category (i.e. All Alcohol/Wine, Malt)
- Management/Operating Agreement
- Change of Officers/  
Directors/LLC Managers
- Change of Ownership Interest  
(LLC Members/ LLP Partners,  
Trustees)
- Issuance/Transfer of Stock/New Stockholder
- Change of Hours
- Other [Empty box]
- Change of DBA

“VOTED: To authorize

[Empty box for Name of Person]

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted.”

“VOTED: To appoint

[Empty box for Name of Liquor License Manager]

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts.”

A true copy attest,

For Corporations ONLY

A true copy attest,

\_\_\_\_\_  
Corporate Officer /LLC Manager Signature

\_\_\_\_\_  
Corporation Clerk's Signature

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

**ADDENDUM A**

**6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST (Continued...)**

of all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

|  |  |
|--|--|
| Entity Name<br><input style="width:100%; height:20px;" type="text"/> | Percentage of Ownership in Entity being Licensed<br>(Write "NA" if this is the entity being licensed)<br><input style="width:100%; height:20px;" type="text"/> |
|--|--|

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

  

|   |   |   |   |
|---|---|---|---|
| Name of Principal                                     | Residential Address                                   | SSN   | DOB   |
| <input style="width:100%; height:20px;" type="text"/> |
| Title and or Position                                 | Percentage of Ownership                               | Director/ LLC Manager                                 | US Citizen  |
| <input style="width:100%; height:20px;" type="text"/> | <input style="width:100%; height:20px;" type="text"/> | <input type="radio"/> Yes <input type="radio"/> No    | <input type="radio"/> Yes <input type="radio"/> No    |
| <input type="radio"/> Yes <input type="radio"/> No    |

**CRIMINAL HISTORY**

as any individual identified above ever been convicted of a State, Federal or Military Crime?  
 If yes, attach an affidavit providing the details of any and all convictions.

Yes  No



*The Commonwealth of Massachusetts*  
**Alcoholic Beverages Control Commission**  
 95 Fourth Street, Suite 3, Chelsea, MA 02150-2358  
 www.mass.gov/abcc

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

**APPLICATION FOR A NEW LICENSE**

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

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME

ADDRESS

CITY/TOWN  STATE  ZIP CODE

For the following transactions (Check all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> New License                                   | <input type="checkbox"/> Change of Location  | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal)         | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License                           | <input type="checkbox"/> Alteration of Licensed Premises   | <input type="checkbox"/> Change of License Type (i.e. club / restaurant)  | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock)    |
| <input type="checkbox"/> Change of Manager                             | <input type="checkbox"/> Change Corporate Name   | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement               |
| <input type="checkbox"/> Change of Officers/<br>Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest<br>(LLC Members/LLP Partners,<br>Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder       | <input type="checkbox"/> Change of Hours                              |
|  |  | <input type="checkbox"/> Other <input type="text"/>                       | <input type="checkbox"/> Change of DBA                                |

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

**Alcoholic Beverages Control Commission**  
 95 Fourth Street, Suite 3  
 Chelsea, MA 02150-2358