

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):

CHARITY 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

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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Charity Wine License Application

1. Qualified Charity Applicant Information:

Name of Applicant:	<input type="text"/>						
Contact Person	<input type="text"/>						
Address of Applicant:	<input type="text"/>	City/Town:	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>				

NOTE: 1. Attach Certificate of Good Standing from the Secretary of the Commonwealth
2. Attach a copy of the Certificate of Solicitation from the Public Charities Division of the MA Attorney General's Office (Certificate must be current to the date of the event)

2. Type of License Requested:

<input type="checkbox"/> Charity Wine Pouring License	<input type="checkbox"/> Charity Wine Auction License	<input type="checkbox"/> Charity Wine Partnership License
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***Donated Wine Only**

3. Event Information:

Date(s) of Event:

These events are only permitted at one of the locations specified below. Please check the one that applies.

<input type="checkbox"/> Address of Applicant's Corporate Headquarters:	<input type="text"/>
<input type="checkbox"/> Address of Applicant's Usual Place of Business:	<input type="text"/>
<input type="checkbox"/> Address of Licensee:	<input type="text"/>

Name of Licensee: ABCC License #

*Attach letter of consent from Licensee

Describe Area to be Licensed:

If additional space is needed, please use the last page

4. Who Donated Wine:

Name	Donated

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate; I hereby acknowledge I have read and understand the attached conditions.

Signature:

Date