



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*

☐ For Reconsideration

**LICENSING AUTHORITY CERTIFICATION**

City /Town

ABCC License Number

**TRANSACTION TYPE (Please check all relevant transactions):**

The license applicant petitions the Licensing Authorities to approve the following transactions:

- |  |   |   |   |
|--|---|---|---|
| <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                                    |   |

**APPLICANT INFORMATION**

Name of Licensee	<input type="text"/>	DBA	<input type="text"/>
Street Address	<input type="text"/>		Zip Code <input type="text"/>
Manager	<input type="text"/>		Granted under Special Legislation? Yes <input type="checkbox"/> No <input type="checkbox"/>  If Yes, Chapter <input type="text"/> of the Acts of (year) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<u>Type</u> (i.e. restaurant, package store)	<u>Class</u> (Annual or Seasonal)	<u>Category</u> (i.e. Wines and Malts / All Alcohol)	

**DESCRIPTION OF PREMISES**

Complete description of the licensed premises

**LOCAL LICENSING AUTHORITY INFORMATION**

Application filed with the LLA:	Date	<input type="text"/>	Time	<input type="text"/>
Advertised	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Published	Publication	<input type="text"/>
Abutters Notified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Notice	<input type="text"/>	
Date APPROVED by LLA	<input type="text"/>	Decision of the LLA	<input type="text"/>	
Additional remarks or conditions (E.g. Days and hours)	<input type="text"/>			
For Transfers ONLY:				
Seller License Number:	<input type="text"/>	Seller Name:	<input type="text"/>	

The Local Licensing Authorities By:

---

---

---

---

Alcoholic Beverages Control Commission  
Ralph Sacramone  
Executive Director