2018 OUTREACH SEMINAR

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Retail Alcohol Licenses

Who we serve

We work with companies in the alcoholic beverage industry and municipal licensing authorities to provide licenses, enforce legislation and regulations, and resolve license issues.

What do you need help with?

Featured services

- Alcoholic Beverages State Licenses
- Alcoholic Beverages Retail Licenses
- ABCC Calendar

More services

- ABCC Publications
- ABCC Appeals and Violations
- Resources for Local Licensing Authorities (ABCC)
- Enforcement Division (ABCC)
- Special Licenses and Permits (ABCC)
- ePay for Online Payments (ABCC)
New license or transfer of existing license

Change to an existing license
Apply for an Alcoholic Beverages Retail License (New or Transfer)

Below you will find the forms and procedures needed to apply for or transfer an alcoholic beverages retail license.

What you need

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

- New Retail License Application
- Transfer Retail License Application
- CORI Authorization Form. Complete one for each individual with 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. Officers/Directors of non-profit clubs with no ownership do not need to fill out CORI applications.
Amending Your Alcoholic Beverages Retail License (ABCC)

If you hold an alcoholic beverages retail license, you may find yourself in situations where you need to update details about your business, such as a change in hours or even a new name. The Alcoholic Beverages Control Commission (ABCC) requires you to file notice of these changes. This guide will walk you through the process of submitting what you need to keep your license up to date with the ABCC.

IN THIS GUIDE

- Obtaining a Certificate of Compliance
- Making Multiple Amendments to Your Retail License
- Amending Your License Classification(s)
- Change of Manager
- Alteration of Premises or Location Change
- Pledge of Collateral (License, Stock, or Inventory)
- Change in Beneficial Interest
- Change of Business Entity Information
- Change in Hours
**LICENSING AUTHORITY CERTIFICATION**

TRANSACTION TYPE (Please check all relevant transactions):
The license applicant petitions the Licensing Authorities to approve the following transactions:

- [ ] New License
- [ ] Transfer of License
- [ ] Change of Manager
- [ ] Change of Officers/Directors
- [ ] Change of Ownership Interest
- [ ] Change Corporate Name
- [ ] Change of DBA
- [ ] Change of Location
- [ ] Change of Corporate Structure
- [ ] Change of Hours
- [ ] Pledge of Collateral
- [ ] Alteration of Licensed Premises
- [ ] Change of Class:
  - Annual (Seasonal)
  - Other
- [ ] Change of Category:
  - Restaurant
  - Package Store
  - All Alcohol

APPLICANT INFORMATION

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<th>Name of Licensee</th>
<th>DBA</th>
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<th>Manager</th>
<th>Granted under Special Legislation?</th>
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<td>Yes</td>
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<th>Category</th>
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DESCRIPTION OF PREMISES

Complete description of the licensed premises

LOCAL LICENSING AUTHORITY INFORMATION

Application filed with this LLA: Date: Time: 
Advertised: Yes  No  Date Published: Publication: 
Abutters Notified: Yes  No  Date of Notice: 

Date APPROVED by LLA: Decision of the LLA: 

Additional remarks or conditions (E.g. Days and Hours):

For Transfers ONLY:

<table>
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<th>Seller License Number</th>
<th>Seller Name</th>
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The Local Licensing Authorities By:

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<th>Alcoholic Beverages Control Commission</th>
<th>Executive Director</th>
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</table>
1. LICENSE CLASSIFICATION INFORMATION

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

DBA

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

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

Name: ______ Phone: ______

Title: ______ Email: ______
## 5. CORPORATE STRUCTURE
- Entity Legal Structure: 
- Date of Incorporation: 
- State of Incorporation: 
- Is the Corporation publicly traded? 
  - Yes 
  - 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, L.P Partners, Trustees etc.). Attach additional pages(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 parent 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.

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<thead>
<tr>
<th>Name of Principal</th>
<th>Residential Address</th>
<th>SSN</th>
<th>DOB</th>
<th>Title and or Position</th>
<th>Percentage of Ownership</th>
<th>Director / LLC Manager</th>
<th>US Citizen</th>
<th>MA Resident</th>
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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? 
- 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Type</th>
<th>License Name</th>
<th>Municipality</th>
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## 6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE
Has any individual or entity identified 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Type</th>
<th>License Name</th>
<th>Municipality</th>
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## 6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION
Have any of the disclosed licenses listed in question 6 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.

<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Name of License</th>
<th>City</th>
<th>Reason for suspension, revocation or cancellation</th>
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## 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

- [ ] Commercial
- [ ] Residential

**Landlord Name**

**Landlord Phone**

**Landlord Email**

**Landlord Address**

**Lease Beginning Date**

**Lease Ending Date**

**Rent per Month**

**Rent per Year**

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

- [ ] Yes
- [ ] No
8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate

B. Purchase Price for Business Assets

C. Other (Please specify)

D. Total Cost

SOURCE OF CASH CONTRIBUTION

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

<table>
<thead>
<tr>
<th>Name of Contributor</th>
<th>Amount of Contribution</th>
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Total

SOURCE OF FINANCING

Please provide signed financing documentation.

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<thead>
<tr>
<th>Name of Lender</th>
<th>Amount</th>
<th>Type of Financing</th>
<th>Is the lender a licensee pursuant to NGL, Ch 13A?</th>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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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 you, 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 you, 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.

<table>
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<th>Date</th>
<th>Municipality</th>
<th>Charge</th>
<th>Disposition</th>
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C. EMPLOYMENT INFORMATION

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Position</th>
<th>Employer</th>
<th>Supervisor Name</th>
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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.

<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Name of License</th>
<th>State</th>
<th>City</th>
<th>Reason for suspension, revocation or cancellation</th>
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I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Signature ___________________________ Date ___________________________
ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.
APPLICANT'S STATEMENT

[Signature]

I, 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;

(4) 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.

Title: 

Data:
CORPORATE VOTE

The Board of Directors or LLC Managers of [Entity Name] duly voted to apply to the Licensing Authority of [City/Town] and the Commonwealth of Massachusetts Alcoholic Beverages Control Commission on [Date of Meeting] for the following transactions (Check all that apply):

- [ ] New License
- [ ] Transfer of License
- [ ] Change of Manager
- [ ] Change of Officers/Directors
- [ ] Change of Ownership/Interest
- [ ] Change Corporate Name
- [ ] Change of D&B
- [ ] Alteration of Licensed Premises
- [ ] Change of Location
- [ ] Transfer of Stock/New Stockholder
- [ ] Change of Class (S.A./Annual/Seasonal)
- [ ] Change of License Type (e.g., non-alcoholic)
- [ ] Change of Category (S.A./Annual/Seasonal)
- [ ] Issuance/Transfer of Stock/New Stockholder
- [ ] Change Corporate Structure (S.A./LLC)
- [ ] Change of Hours
- [ ] Pledge of Collateral (e.g., leasehold)
- [ ] Management/Operating Agreement
- [ ] Other

“VOTED: To authorize [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 [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,

[Corporate Officer/LLC Manager Signature]  [For Corporations ONLY]

A true copy attest,

[Corporate Clerk’s Signature]
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
- 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 portal, ePay
- Additional information, if necessary, utilizing the formats provided and or any affidavits.

Please Note: you may be requested to submit additional supporting documentation if necessary.
**ADDENDUM A**

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

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

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<th>Entity Name</th>
<th>Percentage of Ownership</th>
<th>Entity being Licensed</th>
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<td>(Write &quot;NA&quot; if this is the entity being licensed)</td>
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<th>Name of Principal</th>
<th>Residential Address</th>
<th>SSN</th>
<th>DOB</th>
<th>Title and or Position</th>
<th>Percentage of Ownership</th>
<th>Director/LLC Manager</th>
<th>US Citizen</th>
<th>MA Resident</th>
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**CRIMINAL HISTORY**

Has 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
Certificate of Good Standing required beginning MM/DD/YYYY

In order to confirm that all licensees and applicants are in compliance with Massachusetts tax laws, a Certificate of Good Standing ("COGS") from the Massachusetts Department of Revenue and a Certificate of Compliance ("COC") from the Massachusetts Department of Unemployment Assistance will be required for the following transactions submitted to the Local Board beginning MM/DD/YYYY:

- Transfer of License (certificate must be in the current/seller licensee name)
- Change in Beneficial Interest
- Pledge of License
- Change of License Class (Seasonal, Annual)
- Change in License Category (Wines and Malts, All Alcohol, etc.)
- Change of Entity Name (certificate must be in the current corporate name)
- Change of Corporate Structure (certificate must be in the current corporate structure)
- Addition of a Management Agreement
- PLEASE NOTE: a new licensee does not require a COGS or a COC

An applicant can obtain the required documents by visiting the following websites:

Department of Revenue: https://www.mass.gov/how-to/request-a-certificate-of-good-standing-tax-compliance-or-a-corporate-tax-lien-waiver

Department of Unemployment Assistance: https://www.mass.gov/how-to/request-a-certificate-of-compliance
Ralph's Bistro
239 Causeway Street
Boston, MA 02114

Certificate Id: 18386

The Department of Unemployment Assistance certifies that as of 6/5/2018, RALPH'S BISTRO is current in all its obligations relating to contributions, payments in lieu of contributions, and the employer medical assistance contribution established in G.L.c. 149 §189.

This certificate expires in 30 days from the date of issuance.

Richard A. Jeffers, Director
Department of Unemployment Assistance
June 12, 2018

Alcoholic Beverages Control Commission
Attn: Chairman
239 Causeway Street, 2nd Floor
Boston, MA 02114

Chairperson,

We hereby give notice that there is no objection to the application filed by the below named Taxpayer/License holder.

CONDITIONAL RELEASE:  ABC RESTAURANT, LLC
D/B/A THE TAVERN
100 CAMBRIDGE STREET
BOSTON, MA 02114

The taxpayer agrees to pay $25,389.47 plus any accrued interest to the Department of Unemployment Assistance within 24 hours of the closing. Payment must be in the form of bank or attorney’s check.

Sincerely,

Revenue Enforcement

cc: file
Please ensure the DOR Certificate of Good Standing is from the current licensee.
Applications and Amendments “Returned No Action”

- The ABCC will work diligently to process applications completely when they are received.
- In some cases however additional local board action or substantial information is missing from an application or amendment.
- In those cases the ABCC will return the transaction “Returned No Action” or RNA and include a recommendation from an investigator on what is missing or required.
- The local board should inform the applicant what is missing along with the remarks from the investigator.
- The applicant should then provide the information to the local board and based on the approval of the local board the LLA Certification and missing information should be resent to the ABCC with the reconsideration box checked on the LLA Certification form.
Processing Fee and Mailing of Applications

- All applications or Amendments should be mailed directly to the office of the ABCC. Please discontinue from mailing to our P.O. Box.

- All processing fee payments should be made on our e-payment page found on our website.
Questions?
Thank you for your time