



OFFICE OF SELECT BOARD
333 WASHINGTON STREET
BROOKLINE, MA 02445
(617) 730-2200

**APPLICATION FOR
CHANGE IN HOURS FOR
ALCOHOLIC BEVERAGES SERVICE**

DATE: _____

LOCATION: _____

APPLICANT: _____

INDIVIDUAL/PARTNERSHIP/CORPORATION

D/B/A: _____

TYPE OF LICENSE HELD :

All Kinds

Common Victualler: _____ Innholder: _____ Club: _____

Wine and Malt

Common Victualler: _____ Innholder: _____ Club: _____

All Kinds

Package Store: _____

Wine/Malt

Package Store: _____

BUSINESS OWNERSHIP- INDIVIDUAL/PARTNERS/CORPORATE OFFICERS:

NAME	TITLE	ADDRESS	PHONE#	EMAIL ADDRESS
------	-------	---------	--------	---------------

NAME	TITLE	ADDRESS	PHONE #	EMAIL ADDRESS
------	-------	---------	---------	---------------

NAME	TITLE	ADDRESS	PHONE #	EMAIL ADDRESS
------	-------	---------	---------	---------------

PRESENT HOURS OF OPERATION FOR ALCOHOLIC BEVERAGES SERVICE:

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

PROPOSED HOURS OF OPERATION FOR ALCOHOLIC BEVERAGES SERVICE:

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

DAYS: _____ HOURS: _____

PLEASE NOTE:

- **THE TOWN'S SALE OF ALCOHOLIC BEVERAGES REGULATIONS SET THE PERMISSIBLE HOURS OF ALCOHOLIC BEVERAGES SALES. THEY ALSO REQUIRE THAT FOOD SERVICE BE AVAILABLE WHEN ALCOHOLIC BEVERAGES ARE BEING SOLD (WITH THE EXCEPTION OF THE LAST HOUR OF ALCOHOLIC BEVERAGES SALES).**
- **THE TOWN'S PREPARED FOOD SALES REGULATIONS SET THE PERMISSIBLE HOURS OF FOOD SALES.**

APPLICANT SIGNATURE _____ TITLE: _____ PHONE# _____

EMAIL ADDRESS _____



VOTE OF CORPORATION

DATE: _____

AT A MEETING OF THE BOARD OF DIRECTORS OF _____

HELD AT: _____ ON: _____

IT WAS DULY VOTED THAT THE CORPORATION APPLY TO THE LICENSING BOARD FOR THE TOWN OF BROOKLINE FOR A

(TYPE OF LICENSE)

FOR THE YEAR _____ TO BE EXERCISED ON THE PREMISES LOCATED AT

VOTED: TO AUTHORIZE _____ TO SIGN

THE APPLICATION FOR THE LICENSES IN THE NAME OF _____

_____ AND TO EXECUTE ON ITS BEHALF ANY NECESSARY PAPERS, AND TO DO ALL THINGS REQUIRED RELATIVE TO THE GRANTING OF THE LICENSE.

THIS CORPORATION HAS _____ BEEN DISSOLVED.

A TRUE COPY

ATTEST: _____

CLERK



STATE TAX VERIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

*Signature of Individual

By: Corporate Officer

** Social Security #
Voluntary or Federal ID #

***This license will not be issued unless this certification clause is signed by the applicant.**

****Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.**

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

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY):

LICENSEE NAME:

ADDRESS:

CITY/TOWN:

STATE

ZIP CODE

TRANSACTION TYPE (Please check all relevant transactions):

Change of Hours

Change of DBA

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**