Print Form

The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

Application for an Agent, Broker or Solicitor License
MONETARY TRANSMITTAL FORM
[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **BROA**

CHECK AMT PAYABLE TO ABCC OR COMMONWEALTH OF MA:

(CHECK MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

CHECK NUMBER

IF USED EPAY, CONFIRMATION NUMBER:

A.B.C.C. LICENSE NUMBER (IF AN EXISTING LICENSEE):

LICENSEE NAME:

ADDRESS:

CITY/TOWN: STATE ZIP CODE

LICENSE TYPE	FEE
ADDITIONAL LICENSE REQUIRED FOR EACH PRINCIPAL REPRESENTED (MAXIMUM OF 3 ADDITIONAL FEES)	$500.00

YOU MUST MAIL THIS TRANSMITTAL FORM ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
P. O. BOX 3396
BOSTON, MA 02241-3396

Application for an Agent, Broker or Solicitor License
(M.G.L. Chapter 138, §18A)

1. LICENSE CATEGORY:

Application for (Check One): ☐ New License ☐ Renewal ☐ Other

2. Business/Licensee/Applicant Information:

Entity Name:

FEIN:

DBA Name (if different):

Primary Phone:

Email:

ABCC License Number:

Website:

Mobile Phone:

Manager of Record:

3a. Business Address:

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

3b. Mailing Address (if different from Business):

Street Number:

Street Name:

City/Town:

State:

Zip Code:

Country:

4. Application Contact Information:

First Name:

Middle:

Last Name:

Title:

Contact Type: *:

Company:

*Role in the License (i.e. License Manger, Member of Business Organization, Director, Partner, Stockholder, Officer, Attorney, Other)

Primary Phone:

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5. Legal Structure Information:
Please select one legal structure and provide the attachment required.

☐ A. Sole Proprietor

Are you doing business as a DBA? (Y/N)

IMPORTANT ATTACHMENTS: Attach a Copy of DBA- Business Certificate.

☐ B. Partnership

Date of Partnership Agreement:

IMPORTANT ATTACHMENTS: Attach a Copy of Partnership Agreement.

☐ C. Corporation

Date of Incorporation/Organization: State of Incorporation:

Is the Corporation publicly traded? (Y/N)

IMPORTANT ATTACHMENTS: Attach Articles of Organization as filed with the Secretary of State's Office.

☐ D. LLC ☐ LLP

Date of Organization: State of Organization:

IMPORTANT ATTACHMENTS: Attach Articles of Organization as filed with the Secretary of State's Office.

☐ E. Non-Profit Corporation

Date of Incorporation:

Please provide a list Officer(s), Director(s), and Trustee(s).

IMPORTANT ATTACHMENTS: Attach Articles of Organization as filed with the Secretary of State's Office.

IMPORTANT ATTACHMENTS: Attach Incorporation Documents

☐ F. Association *WHICH INCLUDES C. 182, §1 CHARTIABLE AND VOLUNTARY TRUSTS

Date of Association Formation: State of Association Formation:

IMPORTANT ATTACHMENTS: Attach Annual Report

☐ G. Estate Proceeding

Docket Number:: Date Filed:

Name of Executor/Executrix or Administrator/Administratrix or Personal Representative::

Probate Court:

IMPORTANT ATTACHMENTS: Attach Paperwork Of Executor/Executrix Or Administrator/Administratrix Or Personal Representative

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5. Legal Structure Information (Continued):

☐ H. Bankruptcy Proceeding

Bankruptcy Court Location:

Docket Number:: Date Filed:

Trustee Name:

IMPORTANT ATTACHMENTS: Attach separate court order allowing this motion and/or notice

IMPORTANT ATTACHMENTS: Attach endorsement of the judge in the margin of this motion and/or notice

IMPORTANT ATTACHMENTS: Attach a clerk certification as to the process regarding this motion and/or notice

IMPORTANT ATTACHMENTS: Attach a complete copy of the matrix of creditors in the bankruptcy

☐ I. MA Business Trust

Name of Trustee(s):

Name of all Beneficiaries:

All Beneficiaries over twenty-one? (Y/N):

Date Filed:

6. Agent/Broker/Solicitor Representative Information:

Note: A "Principal" refers to a Massachusetts licensed Supplier.

Identify Massachusetts licensed principal (ex. Certificate of Compliance, Farmer Brewery, Farmer Distillery, Farmer Winery, Manufacturer or Wholesaler) the Applicant is Representing.

Type of License ▼ If other, please explain:

ABCC License Number: Primary Phone:

Entity Name: DBA Name (if different):

7. Business Address:

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

8. Shipping Location Address (If different from Business):

Street Number: Street Name:

City/Town: State:

Zip Code: Country:

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7. Massachusetts Licensed Wholesaler Information:

I hereby certify that _____ is a Massachusetts Licensed Supplier and is offering for sale in
(Entity Above)
Massachusetts the following brands and kinds of alcoholic beverages to the following Massachusetts Wholesaler(s) that are distributing them. (Please inform the Commission immediately of any additions):

Brand of Alcoholic Beverage	Massachusetts Wholesaler

10. The following is all of the Massachusetts Licensed Suppliers (Principals)that I represent in Massachusetts(excluding this applicant):

Licensee Name	Licensee Number

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that, I have filed all state tax returns and paid all state taxes required under law. I further understand that each representation in this application is material to the determination of the application and state under penalty of perjury that all statements and representations therein are true.

Signature _____ Date _____

Title _____

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PERSONAL INFORMATION FORM

A Personal Information Form must be completed for the Broker, if an individual, or the Broker's Manager, if the Broker is an entity.

1. LICENSEE INFORMATION:

A. Entity Name:

D. ABCC License Number (If existing licensee)

B. DBA

C. Address

City/Town: State: Zip Code:

2. PERSONAL INFORMATION:

A. Individual Name

B. Home Phone Number

C. Address

D. City/Town

State Zip Code Title/Role:

E. Social Security Number

F. Date of Birth

Are you a residents of Massachusetts? Yes ☐ No ☐

Are you a U.S. citizen*? Yes ☐ No ☐

G. Place of Employment

3. BACKGROUND INFORMATION:

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

If yes, as part of the application process, the individual must attach an affidavit as to any and all convictions. The affidavit must include the city and state where the charges occurred as well as the disposition of the convictions.

4. FINANCIAL INTEREST:

Provide a detailed description of your direct or indirect, beneficial or financial interest in THIS license.

5. OTHER BENEFICIAL INTEREST:

List any direct or indirect, beneficial or financial interest in any other Massachusetts Alcoholic Beverages License(s).

ABCC License Number: Percent of Interest:

Type of Interest (Choose Primary Role: License Status:

ABCC License Number: Percent of Interest:

Type of Interest (Choose Primary Role: License Status:

ABCC License Number: Percent of Interest:

Type of Interest (Choose Primary Role: License Status:

***If additional space is needed, please use the last page**

6.FAMILIAL BENEFICIAL INTEREST:

ABCC License Number: Relationship to You:

Type of Interest (Choose Primary Role: Percent of Interest:

ABCC License Number: Relationship to You:

Type of Interest (Choose Primary Role: Percent of Interest:

ABCC License Number: Relationship to You:

Type of Interest (Choose Primary Role: Percent of Interest:

***If additional space is needed, please use the last page**

7.PRIOR DISCIPLINARY ACTION:

Date of Action: Licensee Name Reason:

Date of Action: Licensee Name Reason:

Date of Action: Licensee Name Reason:

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

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MANAGER APPLICATION

All proposed managers are required to complete a Personal Information Form, and attach a copy of the corporate vote authorizing this action and appointing a manager.

1. LICENSEE INFORMATION:

Legal Name of Licensee: _____ Business Name (dba): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

ABCC License Number: _____ Phone Number of Premise: _____
(If existing licensee)

2. MANAGER INFORMATION:

A. Name: _____ B. Cell Phone Number: _____

C. List the number of hours per week you will spend on the licensed premises: _____

3. CITIZENSHIP INFORMATION:

A. Are you a U.S. Citizen: Yes ☐ No ☐ B. Date of Naturalization: _____ C. Court of Naturalization: _____

(Submit proof of citizenship and/or naturalization such as US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers)

4. BACKGROUND INFORMATION:

A. Do you now, or have you ever, held any direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages? Yes ☐ No ☐

If yes, please describe: _____

B. Have you ever been the Manager of Record of a license to sell alcoholic beverages that has been suspended, revoked or cancelled? Yes ☐ No ☐

If yes, please describe: _____

C. Have you ever been the Manager of Record of a license that was issued by this Commission? Yes ☐ No ☐

If yes, please describe: _____

D. Please list your employment for the past ten years (Dates, Position, Employer, Address and Telephone):

_____

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 Space

Please note which question you are using this space for.

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CERTIFICATE OF APPOINTMENT TO ACT AS AGENT, BROKER OR SOLICITOR

(Not to be filled out if the application is for a certificate of compliance holder or Massachusetts Licensed Supplier to act as Agent, Broker or Solicitor on its own account.)

The undersigned, being the holder of a:

ABCC license number:

Issued for the sale of the following types of alcoholic beverages hereby certifies that:

has been appointed to act as Agent, Broker or Solicitor for the purpose of soliciting orders for alcoholic beverages from the holders of Wholesalers' licenses in the Commonwealth of Massachusetts for our account.

I understand that each representation in this application for a Broker's license applicant is material to the determination of the application and state under penalty of perjury, that all statements and representations therein are true.

Signature

Date

BROKERS 18A LICENSE CHECKLIST

This application will be returned if the following documentation is not submitted:

- ☐ Monetary Transmittal Form
- ☐ $5,000.00 Fee made payable to the Commonwealth of Massachusetts or the ABCC and/or $500 fee for each additional broker up to 3.
- ☐ Broker's 19A Application with:
  - ☐ Manager's Form, if applicable
  - ☐ Personal Information Form for all individuals with beneficial interests in the license and/or a proposed principle representative.
  - ☐ Articles of Organization for Corporation or LLC, or other documentation as stated in the "Legal Structure Information" Section in the Application.