The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114

Print Form

Application for a Caterer Transportation Permit

MONETARY TRANSMITTAL FORM

[APPLICATION MUST BE COMPLETED ONLINE]

ECRT CODE: **TRAC**

CHECK PAYABLE TO ABCC OR COMMONWEALTH OF MA: $150.00

(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	# OF PERMITS	COST
CATERER PERMIT	$150.00	1	$150.00

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 a Caterer Transportation Permit
(M.G.L. Chapter 138, § 22)

YEAR 20

1. Applicant Information:

Applicant Name:

Business Name: (d/b/a, if different)

Address of Premise: City/Town: State Zip

Telephone: Email

The Applicant is a(n): Please select Other

2 Vehicle Information

Address where the vehicle(s) are principally garaged:

City/Town: State Zip Number of vehicle(s) being permitted

Make/Model of Vehicle	Vehicle ID #

If additional space is needed, please use the next page

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

Additional Space

Please note which question you are using this space for.