



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF THE STATE TREASURER
ALCOHOLIC BEVERAGES CONTROL COMMISSION

239 Causeway Street, 1st Floor Boston, Massachusetts 02114

Retail License Renewal
BLANK RENEWAL FORM

License Number:

Municipality:

License Name:

License Class:

Premises Address:

License Type:

Manager Name:

License Category:

I hereby certify and swear under penalties of perjury that:

1. I am authorized to sign this renewal pursuant to M.G.L. Chapter 138;
2. The renewed license is of the same class, type, category as listed above;
3. The licensee has complied with all laws of the Commonwealth relating to taxes; and
4. The premises are now open for business (if not, explain below).

Signature of Authorized Party

Employer Identification Number (**REQUIRED**)
(Do Not Use Social Security Number)

Printed Name of Signer

Email Address (**REQUIRED**)

Additional Information: